A meeting of the City of Evansville Public Safety will be held on the date and time stated below. Requests for persons with disabilities who need assistance to participate in this meeting should be made by calling City Hall at (608) 882-2266 with as much notice as possible. Copies of the packet and agenda are available at:

www.ci.evansville.wi.gov/city_government/public_agendas_minutes/public_safety.php

Public Safety Committee

Regular Meeting Wednesday, May 1, 2024, 6:00 p.m. City Hall, 31 S. Madison Street, Evansville, WI

AGENDA

- 1. Call to Order.
- 2. Roll Call.
- **3.** Motion to approve the Agenda.
- **4.** Motion to approve the April 3, 2024, Public Safety regular meeting minutes.
- **5.** Citizen appearances other than agenda items listed.
- 6. Old Business.
 - 1) Speed trailer update.
- 7. New Business.
 - **A. Motion to approve the Operator's License Application(s)** for: (recommended by Evansville Police Department).
 - 1) Kelly G. Shannon
 - 2) Mark Hamilton Schnepper
 - 3) Jeremie Edward Cribben
 - 4) Donna Kae Nipple
 - 5) Taylor Scott Smith
 - 6) Stacey Lynn Hillary-Nolan
 - 7) Brenda L. Stevens
 - 8) Shawn Marie Dunphy
 - 9) Nicholle L. Wagner
 - 10) Kimberly Muench
 - 11) Debbie Lynn Johnson
 - 12) Debra Mae Twyford
 - 13) John Thomas Kopecky
 - **14)** Dorothy Jean Patterson
 - 15) Jessica Robin Bailey
 - 16) Arielle A. Keltner
 - 17) Carl James Maly
 - 18) Austin Thomas Anderson
 - 19) Sheri Lynn Biddick
 - 20) Elizabeth Ann Olin

- **B.** Presentation from Western Rock County ATV Club News and new information for ATV/UTV Traffic, Jeff Stevens, 75 Countryside Dr., PO Box 541, Evansville, WI 53536
- C. Motion to recommend to common council approval of the Original Alcohol Beverage License Application for <u>Class "B" Beer/"Class B" Liquor</u> License for:
 - 1) <u>139 E. Main Street</u>, Tawfick (Tommy) Hanna, Agent, 3018 Maple Grove Dr., Madison, WI 5379, d/b/a Allen Creek Coffeehouse, 137 E. Main Street, Evansville, WI 53536.
- D. Discussion with possible motion to approve the <u>Temporary Class "B" Retailer License Application</u> for the sale of Fermented Malt Beverage for:
 - 1) Evansville Chamber of Commerce Business After 5/Ribbon Cutting Under Pressure Power Washing, 498 Water Street, Unit 10, Evansville, WI 53536 at 5 p.m. on May 30, 2024
 - 2) Evansville Chamber of Commerce Business After 5/Ribbon Cutting Expressions Salon, 8 W. Main Street, Evansville, WI 53536 at 4:30 p.m.
- E. Discussion with possible motion to approve the <u>Temporary Class "B" Retailer's License Application for:</u>
 - 1) Evansville Underground Music (EUM) at 23 N. First St, Evansville, WI 53536 for the following dates in 2024:
 - Friday, May 24, 2024
 - Saturday, June 29, 2024
 - Saturday, July 20, 2024
 - Sunday, August 11, 2024
 - Saturday, September 28, 2024 (backup date Saturday, October 5, 2024)
- F. Discussion with possible motion to approve the Long-Term Street Use License Application(s) for:
 - 1) Evansville Underground Music (EUM) at 23 N. First St, Evansville, WI 53536.
 - Friday, May 24, 2024
 - Saturday, June 29, 2024
 - Saturday, July 20, 2024
 - Sunday, August 11, 2024
 - Saturday, September 28, 2024 (backup date Saturday, October 5, 2024)
- **8.** Evansville Police Department Report.
- 9. Evansville Emergency Medical Services Report.
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, May 1, 2024, at 6:00 p.m.
- 11. Motion to adjourn.

Erika Stuart, Chairperson

Public Safety Committee

Regular Meeting Wednesday, April 3, 2024, 6:00 p.m. City Hall, 31 S. Madison Street, Evansville, WI

MINUTES

- 1. Call to Order. Stuart 6 p.m.
- 2. Roll Call.

| <u>Members</u> | Present/Absent | Others Present |
|---------------------------------|----------------|--------------------------------|
| Alderperson Erika Stuart, Chair | P | Patrick Reese, Police Chief |
| Alderperson Gene Lewis | P | Carolyn Kleisch, EMS Chief |
| Alderperson Ben Corridon | P | Chris Jones Lt. |
| | | Jolene Klitzman, Deputy Clerk |
| | | Jeff Stevens, ATV/UTV Club, VP |
| | | Julie Paton, Citizen |
| | | Steve Eager, 4th of July Run |
| | | Alliyah McComb, Citizen |
| | | Bradley Bartz, Citizen |
| | | Gayla Madsen, Citizen |
| | | Adison Cole, Citizen |

- 3. Motion to approve the Agenda. by Stuart, Seconded by Corridon, Motion carried 3-0
- **4.** Motion to approve the March 6, 2024, Public Safety regular meeting minutes. by Stuart, Seconded by Lewis, Motion carried 3-0
- **5.** Citizen appearances other than agenda items listed.
 - 1) Jon Frey spoke on behalf of the Evansville Wrestling Club to show gratitude and thank the Evansville Police Department and Evansville EMS for attending and supporting the kids state qualifier at the high school on Saturday, March 16. The event had over 500 kids and their families in attendance.
 - 2) Steve Eagar came to talk to the committee about the 4th of July run for this year the run is a fundraiser and goes to Juvenile Diabetes and Evansville Soccer Club and thanked the Evansville Police Department and Evansville EMS for all the help with the race each year.
- 6. Old Business. N/A
- 7. New Business.
 - A. Presentation with discussion and possible motion to approve Senior Project for Alliyah McComb & Bradley Bartz.

Alliyah Mccomb and Bradley Bartz presented the senior project "Bloomed" for August 24th with time to be determined. They want to close the upper park (circle) for a fundraising walk for Suicide and Mental Health Prevention. Hoping to have a google sheet sign up when ready. Will also bring this up to park board committee.

- **B.** Motion to approve the Operator's License Application(s) for: (recommended by Evansville Police Department).
 - 1) Julie Kae Paton
 - 2) Ronald Warren Bowen by Stuart, Seconded by Corridon, Motion carried 3-0
 - 3) Emily Rose Parrell
- C. Discussion with possible motion to approve the Operator's License Application(s) for: (non-recommended by Evansville Police Department).
 - 1) Kristin Lee Hayes by Stuart, Seconded by Corridon, Motion carried 3-0
 - Discussion with possible motion to approve the Operator's License Application from non-recommended to recommended.
 - 2) Adison Ellen Cole by Stuart, Seconded by Corridon, Motion carried 3-0 Adison (5321 Old 92) came to the meeting and explained his history with the DUI and possession of drug. The committee asked questions about where he will be working, and he said the Family Dollar and that the Family Dollar at this time does not sell alcohol but wants all employees to have a license for it/when they start to sell. Asked questions about work history prior to this job.
- **D.** Discussion with possible motion to approve the <u>Temporary Class "B" Retailer's License</u>

 <u>Application for</u>: (background check recommendation provided by Chief Reese, unless otherwise noted)
 - 1) Evansville Home Talent Baseball Club Inc. (Evansville Jays) for the (highlighted red dates) beginning April through September 2024, per Exhibit C at Lake Leota Park, Upper Diamond.

By Stuart, Seconded by Corridon, Motion carried 3-0

Staff memo from deputy clerk stating a change for the dates requested and the dates the clerks will be out of office to get licenses. Congratulated him on 20 years of running the program.

- **E.** Motion to approve the <u>Temporary Class B Beer/Class B Liquor application for</u>: (background check recommendation provided by Chief Reese, unless otherwise noted)
 - 1) Evansville Art Crawl (Evansville Area Chamber of Commerce for Friday May 10, 2024, from 5:30 p.m. to 8:00 p.m.
 - Land and Life Style Properties Jason Syens & Melanie Ula
 - Exit Realty Robin St. Clair
 - Vintage Charm Boutique Jessica Ross
 - Ron's Glass Creations Ron Bowen
 - Expressions Salon Evansville Kelly Shannon

by Stuart, Seconded by Corridon, Motion carried 3-0

F. Discussion with possible motion to approve the **Long-Term Street Use License Application(s) for:**

- 1) <u>Creekside Place Cruise Night</u> at 102 Maple Street, Evansville, WI 53536. From 4:00 p.m. to 8:30 p.m.
 - Thursday, May 5, 2024
 - Thursday, June 6, 2024
 - Thursday, July 11, 2024
 - Thursday, August 1, 2024
 - Thursday, September 5, 2024

by Stuart, Seconded by Lewis, Motion carried 3-0

- 8. Evansville Police Department Report. Chief Reese updated the committee on his report. EPD is considering a student internship over the summer, staff is firming up "Cooking with Heroes" event for this fall, Officer Anderson is officially on solo patrol and off the field training program. 2024 squad arrived on 3/22/24 and will be taken to General Communications for installation and should be in the vehicle rotation by the middle of April.
- 9. Evansville Emergency Medical Services Report. Chief Kleisch updated the committee on her report. 74% of the monthly schedule was covered by at least 1 AEMT on duty. Chief Kleisch is working with Zoll on the upgrades that were put into budget last year. 642 was staffed and in service to cover the Youth Regional Wrestling tournament that had over 500 kids wrestling. Bill and Keri got married in March!
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, May 1, 2024, at 6:00 p.m.
- 11. Motion to adjourn. by Stuart, Seconded by Corridon Motion carried 3-0 6:46 p.m.

Jolene Klitzman, Deputy Clerk



hier's Signature

APPLICATION FOR **OPERATOR'S LICENSE**

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536 New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00 NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: https://www.wicourts.gpv/casesearch.htm (CCAP may not provide comprehensive list of all arrests/convictions). 4 1. LEGAL NAME: Kinnon DATE OF BIRTH: Middle **ADDRESS** PHONE: W GENDER: Driver's License No. **HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?** Former Name(s): Prior Street Address if Above Address is Less Than 5 Years State Zip From To City From ARREST AND CONVICTION RECORD (Anywhere within the United States of America) 2. Have you ever been cited and/or convicted of a felony? Yes 3. Have you ever been cited and/or convicted of a misdemeanor? Yes 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfelted a bond for any of the following: a) Any underage alcohol violation? No b) Operating a motor vehicle while intoxicated? Yes No c) Selling or furnishing alcoholic beverages to underage person? Yes No d) Permitting underage person on licensed premises? Yes No e) Allowing persons on licensed premises after closing? Yes No f) Any alcohol related violation other than a, b, c, d, and e? Yes (No g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes No h) Fighting, disorderly conduct, assault, or battery? Yes No i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes 700 J) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes No 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR CITY STATE Within the last two (2) years, did you have and/or complete one of the following: Attach certificate of completion for Responsible Alcohol Servers Course Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license Held an Operator's License issued in Wisconsin The sole proprietor of retail alcohol license 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors. Signature: Email: **Printed Name** FOR MUNICIPALITY USE ONLY BELOW THIS LIN Police Department Recommendation and Comments: **Public Safety Committee:** Paid To: Approved: Denled: Clerk's Office Signature Date Receipt # Approved Denied: 35.00 Receipt: 1.153633

> SHANNON, KELLY Apr 1, 2024 9:02 AM



CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

| New Operator's License: \$35.00 Renewal O | perator' | s License: \$35.00 | Provisio | nal License: ! | \$15.00 |
|--|---|---|--|--------------------|----------------|
| NOTE: APPLICATION FEE WILL NOT | T BE REFUN | IDED IF DENIED OR WIT | THDRAWN. | | |
| A Police check will be completed. Please read carefully and answer honestly. Fal cannot reapply for a 6 month period from date of denial. If you have any doubt as information. If you are unsure about how to respond to any questions on this formation conviction record from the police department and/or the court | to whether m, check wit with whic | to include the facts of a sp h the City Clerk for clarifica h you interacted or t | ecific incident it is reco | mmended that you | u disclose the |
| Interpretation (CCAP may not provide comprehens | sive list of all | arrests/convictions). | | | |
| 1. LEGAL NAME: PIRK & HAMTURN | SCF | HULLYBIC | DATE OF BIRTH: | | |
| ADDRESS: | | | PHONE: | <u> </u> | |
| CITY: EVANSUITE STATE: WIZ | | ZIP: 53534 | GENDER: (M | ale Fem | ale |
| Driver's License No.: | | Issuing State: W. | | | |
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| The street Address it Above Address is less than 3 rears state zip From 10 | City | State | Zip | From | То |
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| ARREST AND | | | | | l |
| 2. Have you ever been cited and/or convicted of a felony? | tne United S | tates of America). | Ye | | (12) |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | | | Ye | | (No) |
| 4. Within the past ten (10) years, have you been arrested for, received a summon | s to appear | in court for, or forfeited a | bond for any of the fo | llowing: | CNO |
| a) Any underage alcohol violation? | | | Ye | | (No) |
| b) Operating a motor vehicle while intoxicated? c) Selling or furnishing alcoholic beverages to underage person? | | | Ye | | (No) |
| d) Permitting underage person on licensed premises? | | | Ye | | (No) |
| e) Allowing persons on licensed premises after closing? | | | Ye Ye | | (No) |
| f) Any alcohol related violation other than a, b, c, d, and e? | | | Vo | | (No) |
| g) Sale of legal or illegal drugs to include prescription medications or possession or | f any illegal | drugs to include prescription | on | | UNG . |
| medications not prescribed to you? h) Fighting, disorderly conduct, assault, or battery? | | | Ye | s | (No) |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | | | Ye. | | (NA) |
| j) Any crime or ordinance violation not listed above other than traffic or parking ti | rkets? | | Ye | | (Na) |
| 5. For each YES response above, you must identify all violations below. Attach ad | ditional she | ets if necessary or continu | Ye on the back of this a | nnlication | (Ng) |
| TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE | | MONTH/YEAR | | TY | STATE |
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| Within the last two (2) years, did you have and/or complete one of the following Successfully completed a Responsible Alcohol Servers Course | ing: | Attach certificate of com | | | Course |
| Held an Operator's License issued in Wisconsin | | The sale prop | ent for a retail alcohol rietor of retail alcohol | license | |
| 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the perstaments herein are complete, true and correct. I further understand a full backgration of this application. Additionally, I understand that this application may be done. | round invest | igation may be conducted | by the Evansville Police | e Department prio | r to consider- |
| and regulations, resolutions, ordinances, and regulations, re | ederal, state | or local affecting the sale | of fermented mait bev | erages and intoxic | ating liquors. |
| Signature: Y'COCH Solve Pff | Ema | | | | _ 1 |
| Printed Name: Mark H. Schnepper | Date | 4-16-24 | | <i></i> | |
| FOR MUNICIPALITY olice Department Recommendation and Comments: | | ELOW THIS LINE : Safety Committee: | 0.71.7 | | |
| and a second sec | Appre | CONTRACTOR OF THE PROPERTY OF | Paid To: nled: <u>City of Eva</u> n | Date | |
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| Police Chief's Signature Date | | | Apr 16, 2024 | 10:55 AM | |



CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

Renewal Operator's License: \$35.00 New Operator's License: \$35.00 Provisional License: \$15.00 NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN. A Police check will be completed. Please read carefully and answer honestly, Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list of all arrests/convictions). eremie 1. LEGAL NAME: -devar DATE OF BIRTH: ADDRESS PHONE: ZIP: 53536 GENDER: Driver's License No.: Issuing State: **HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?** Former Name(s): Prior Street Address If Above Address is Less Than 5 Years State Zip From To City Zip From To ARREST AND CONVICTION RECORD (Anywhere within the United States of America). 2. Have you ever been cited and/or convicted of a felony? Yes No 3. Have you ever been cited and/or convicted of a misdemeanor? des Nο 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? b) Operating a motor vehicle while intoxicated? Yes No c) Seiling or furnishing alcoholic beverages to underage person? Yes (Na d) Permitting underage person on licensed premises? Yes e) Allowing persons on licensed premises after closing? Yes f) Any alcohol related violation other than a, b, c, d, and e? Yes g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes h) Fighting, disorderly conduct, assault, or battery? Yes i) Resisting arrest, interfering with a police officer or obstructing an officer? J) Any crime or ordinance violation not listed above other than traffic or parking tickets? 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR STATE Within the last two (2) years, did you have and/or complete one of the following: Attach certificate of completion for Responsible Alcohol Servers Course Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license Held an Operator's License issued in Wisconsin The sole proprietor of retail alcohol license 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented mait beverages and intoxicating liquors. **Printed Name:** JSE ONLY BELOW THIS LINE Police Department Recommendation and Comments: **Public Safety Committee:** Approved: Clerk's Office Signature Receipt # Approved Denied: Receipt: 1,156780 35.00 ALL N ONE Apr 18, 2024 9:40 AM Police'Chief's Signature

Mail to: All-N-one



APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE 31 S. Madison St, PO Box 529, Evansville, WI 53536

| New Operator's License: \$35.00 Renewal Op | | icense: \$35.00 | | nal License: | \$15.00 |
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| cannot reapply for a 6 month period from date of denial. If you have any doubt as to information. If you are unsure about how to respond to any questions on this form, and conviction record from the police department and conviction record. | O Whether to i | acilida tha facte of a can- | المساحة بالمساحة والمناهما والمنافرة | 1 1 1 1 | |
| and conviction record from the police department and/or the court w | , cneck with tr which | e City Clerk for clarification | on. You can obtain info | rmation regardin | g your arres |
| https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive | ve list of all an | ests/convictions). | e wisconsin circuit | Court Access | website at |
| 1. LEGAL NAME: DONNA Bae | | 1/. 10 | | | |
| First Middle | / | rippie | DATE OF BIRTH: | | |
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| 111 | | - VP-PX-1 | PHONE: | 1, | |
| CITY: Albany STATE: WI | 2 | IP:53502 | GENDER: Ma | ile Fem | ale × |
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| | IS | suing State: W/ | | | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? (m+h) | F | ormer Name(s): | | | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | City | State | Zip | From | То |
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| ARREST AND C | CONVICTION | RECORD | | ANY SEINE | 5849301 |
| 2. Have you ever been cited and/or convicted of a felony? | e United State | s of America). | | A STATE OF THE STA | |
| | | | Yes | | No |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | | | Yes | | No |
| 4. Within the past ten (10) years, have you been arrested for, received a summons a) Any underage alcohol violation? | to appear in | ourt for, or forfeited a b | ond for any of the foll | owing: | |
| b) Operating a motor vehicle while intoxicated? | | | Yes | | NO |
| c) Selling or furnishing alcoholic beverages to underage person? | _ | | Yes | | No |
| d) Permitting underage person on licensed premises? | | | Yes | | No |
| e) Allowing persons on licensed premises after closing? | | | Yes | | No |
| f) Any alcohol related violation other than a, b, c, d, and e? | | | Yes Yes | | NO |
| g) Sale of legal or illegal drugs to include prescription medications or possession of a | any illegal dru | s to include prescription | 163 | | CND |
| medications not prescribed to you? | | | Yes | | NE |
| h) Fighting, disorderly conduct, assault, or battery? | | | Yes | | NO |
| Resisting arrest, interfering with a police officer or obstructing an officer? Any crime or ordinance violation not listed above other than traffic or parking tick | | | Yes | | No |
| i. For each YES response above, you must identify all violations below. Attach additions | (ets) | | Yes | V/- | (No) |
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| Within the last two (2) years, did you have and/or complete one of the following | g: At | each certificate of compl | etion for Responsible | Alcohol Servers (| ourse |
| Successfully completed a Responsible Alcohol Servers Course | | | nt for a retail alcohol lic | | 04130 |
| Held an Operator's License issued in Wisconsin | | The sale proprie | etor of retail alcohol lic | rense | |
| CERTIFICATION: I do hereby swear, under genalty of perjury that I am the person | on who made | and to date to the | zerzewyczynak a | | and that al |
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| ion of this application. Additionally, I understand that this application may be denied further agree to comply with all laws, resolutions, ordinances, and regulations, fed | | | | | |
| | ierai, state or | ocal affecting the sale of | rermented malt bever | ages and intoxica | iting liquors. |
| gnature: Nome K. 1/4ple | Email: | | | | |
| inted Name: Dehno K. Nipple | 1 - | 4-17-20 | 21 | | |
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| FOR MUNICIPALITY US | SE ONLY BELO | W THIS LINE | | | |
| ice Department Recommendation and Comments: | | fety Committee: | Faid To: | | |
| | Approve | | | Pate: | |
| | _ | | carry or evansy | 1116 | |
| | | lerk's Office Signature | | | |
| 700 | | ierk a Onice aignature | | Date | |
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| Denied: | | | Receipts 1.156 | 780 | 35.00 |
| VW I UNAIN | | | ALL NONE | | |
| Police Chief's Signature Date | | | Apr 18, 2024 | 9:39 AK | |
| Police Chier's Signature Date | | | The second of | 111 | |



Police Chief's Signature

APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madisarí St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 WRenewal Operator's License: \$35.00 Provisional License: \$15.00 NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit, Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list of all arrests/convictions). 104/01 SCOTT 1. LEGAL NAME: DATE OF BIRTH: ADDRESS. PHONE: STATE: WISCONSIN GENDER: Female assuing State: WISCONSEN Driver's License No.: 8 **HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?** Former Name(s): Prior Street Address if Above Address is Less Than 5 Years State Zip From To City State Zip From To ARREST AND CONVICTION RECORD (Anywhere within the United States of America) 2. Have you ever been cited and/or convicted of a felony? Yes 3. Have you ever been cited and/or convicted of a misdemeanor? Yes 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? b) Operating a motor vehicle while intoxicated? Yes No c) Selling or furnishing alcoholic beverages to underage person? Yes No d) Permitting underage person on licensed premises? Yes (No) e) Allowing persons on licensed premises after closing? No Yes f) Any alcohol related violation other than a, b, c, d, and e? Yes g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes h) Fighting, disorderly conduct, assault, or battery? Yes i) Resisting arrest, Interfering with a police officer or obstructing an officer? Yes j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes No 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR STATE Within the last two (2) years, dld you have and/or complete one of the following: Attach certificate of completion for Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license Successfully completed a Responsible Alcohol Servers Course The sole proprietor of retail alcohol license Held an Operator's License issued in Wisconsin 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors. **Printed Name** ONLY BELOW THIS LINE **Public Safety Committee:** Police Department Recommendation and Comments: Denled Paid To: Approved: Date: OF EVENSVILLE Clerk's Office Signature Date Receipt # Approved Denled: Receipt: 1.156816 35,00 ALL N ONE

Apr 23, 2024 12:39 PM



CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madisan St, PO Box 529, Evansville, WI 53536

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|---|-----------------|---------------------------|--------------|-----------------|--------------------|----------------------|
| New Operator's License: \$35.00 Renewal Opera | | | | | nal Licens | e: \$15.00 |
| NOTE: APPLICATION FEE WILL NOT BE R | EFUNDE | IF DENIED OR WITH | IDRAWN | 1. | | |
| A Police check will be completed. Please read carefully and answer honestly. Falsificat | ion and/o | misrepresentation ma | y be grou | inds for deni | al of license/ | permit. Applicant |
| cannot reapply for a 6 month period from date of denial. If you have any doubt as to which information. If you are unsure about how to respond to any questions on this form, check | ether to ir | clude the facts of a spe | cific incide | ent it is recon | nmended tha | it you disclose the |
| and conviction record from the police department and/or the court with | which v | ou interacted or th | on. You c | an obtain inte | Court Acc | aroing your arrest |
| https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list | of all arre | ests/convictions). | | main chedic | COURT ALL | G33 WED3ILE OL. |
| 1. LEGAL NAME: Stacey Lynn Hi | llar | A Alaloh | 1 | e Tre avenue | 1.4 | 11 12.01 |
| I. LEGAL NAME:) OCCUPATION Middle | 1100 | 1 70 or un | DATE | OF BIRTH: | | |
| ADDRESS: | | Lest | | | | |
| A Property and the risk | Г | daca c | PHO | NE; 🗸 - | Uzur | |
| CITY: OVLGEN STATE: W. I | Z | p: 53575 | GEN | DER: Ma | ale . | Female) |
| Relevado Hosaso No. | | wing State: WI | | | | |
| Driver's License No. | 191 | | | | 11.0 | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? | Fo | rmer Name(s): 216 | cly | LYhr | 441 | lary |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | City | State | | Zip | From | To |
| | 74-27 | | | | | |
| | | | - | | | _ |
| | | | | | | |
| ARREST AND CON | | | Č. | | | |
| (Anywhere within the Un | ited State | s of America). | | | | |
| 2. Have you ever been cited and/or convicted of a felony? | | | | Ye | s | Ne |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | | | | Ye | s | No |
| 4. Within the past ten (10) years, have you been arrested for, received a summons to a | ppear in c | ourt for, or forfeited a | bond for | any of the fo | llowing: | |
| a) Any underage alcohol violation? | | | | Ye | | (Ng) |
| b) Operating a motor vehicle while intoxicated? | | | | Ye | s | (No) |
| c) Selling or furnishing alcoholic beverages to underage person? | | | | Ye | s | (No) |
| d) Permitting underage person on licensed premises? | | | | Ye: | 5 | (NeX |
| e) Allowing persons on licensed premises after closing? | | | | Ye: | s | (No |
| f) Any alcohol related violation other than a, b, c, d, and e? | | | | Yes | S | (No. |
| g) Sale of legal or illegal drugs to include prescription medications or possession of any i | llegai druį | s to include prescriptio | n | | | |
| medications not prescribed to you? | | | | Yes | | NO. |
| h) Fighting, disorderly conduct, assault, or battery? i) Resisting arrest, interfering with a police officer or obstructing an officer? | | | | Yes | | Ne |
| j) Any crime or ordinance violation not listed above other than traffic or parking tickets? | | | | Ye: | | Ne |
| 5. For each YES response above, you must identify all violations below. Attach addition | | f naraccany ar canting | on the b | | | dia |
| TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE | ui sindets | MONTH/YEAR | on the b | Ci Ci | | CTATE |
| THE ST MINEST, SUMMONS, FIGURIOR ON CHARGE | _ | WONTH/TEAR | | - CI | 1.1 | STATE |
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| Within the last two (2) years, did you have and/or complete one of the following: | At | tach certificate of comp | letion fo | Responsible | e Alcohol Ser | vers Course |
| Successfully completed a Responsible Alcohol Servers Course | | An alcohol age | ent for a r | etail alcohol | license | |
| Held an Operator's License issued in Wisconsin | | The sale propi | rietor of re | etail alcohol l | license | |
| 5. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person v | vho made | and signed the forego | ing applic | ation for an | operator's li | cense, and that all |
| statements herein are complete, true and correct. I further understand a full background | investigat | ion may be conducted: | by the Eva | ansville Police | e Departmen | t prior to consider- |
| ation of this application. Additionally, I understand that this application may be denied if | it contain | any falsification and the | nat I will n | ot be able to | reapply for | a 6 month period. I |
| to further agree to comply with all laws, resolutions, ordinances, and regulations, federal | , state or | ocal anecting the sale | of termen | ted malt bev | erages and in | itoxicating liquors. |
| signature: July 11 (lary 1086) | Email: | C - ~~ - 1 - 1 - 1 | | | | -om |
| (Regue 11) Hilland - Nolan | | 11/18/20 | 10.1 | |) | |
| Printed Name: 2) THE CO TO TITLE OF | Date:_ | 7/18/0 | 10 | | | _ |
| FOR MUNICIPALITY USE O | I INI Y BELO |)M/ THIS LINE | · · | | | |
| plice Department Recommendation and Comments: | | fety Committee | | | | |
| | Approve | d: Der | nled:Paid | To: | Date: | |
| | | | Cit | | | |
| | | | | | | |
| | - | Clerk's Office Signature | | | Date | |
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| 100000 | 1 | | | uipt: 1.150 | 0010 | 35.00 |
| XW C 4175169 | | | | N ONE | | |
| Police Chief's Signature Date | | | A | 23, 2024 | 10 O L 17 O L 10 M | |



Police Chief's Signature

APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536 New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00 NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list of all arrests/convictions) 1. LEGAL NAME: DATE OF BIRTH: ADDRESS: PHONE GENDER: Driver's License No.: **HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?** Former Name(s): Prior Street Address if Above Address is Less Than 5 Years State Zip From To City Zip From To ARREST AND CONVICTION RECORD (Anywhere within the United States of America). 2. Have you ever been cited and/or convicted of a felony? Na 3. Have you ever been cited and/or convicted of a misdemeanor? No 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following a) Any underage alcohol violation? Ng b) Operating a motor vehicle while intoxicated? Yes Wa c) Selling or furnishing alcoholic beverages to underage person? Yes d) Permitting underage person on licensed premises? Yes No e) Allowing persons on licensed premises after closing? Yes f) Any alcohol related violation other than a, b, c, d, and e? No g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes No h) Fighting, disorderly conduct, assault, or battery? Yes i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR Within the last two (2) years, did you have and/or complete one of the following: Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license The sole proprietor of retail alcohol license Held an Operator's License issued in Wisconsin 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors. **Email** MUNICIPALITY USE ONLY BELOW THIS LINE Police Department Recommendation and Comments: **Public Safety Committee:** Approved: Denied: Date: Clerk's Office Signature Date Receipt # Approved: Denied:



CITY OF EVANSVILLE CITY CLERK'S OFFICE

| 31 S. | . Madison St, PO | Box 52 | 9, Evo | ansville | e, WI 535 | 536 | | | |
|--|-------------------------------|------------------|------------|---------------|------------------|----------------|-----------------|-----------|-----------------|
| New Operator's License: \$35.00 | Renewal O | perator's | Licens | e: \$35. | 00 | Provis | ional Lice | nse: S | \$15.00 |
| NOTE: AP | PLICATION FEE WILL NO | | | | | | | | |
| A Police check will be completed. Please read carefu | lly and answer honestly. Fa | Isification an | d/or misr | epresentat | ion may be g | rounds for d | lenial of licen | se/perm | it Applicant |
| cannot reapply for a 6 month period from date of den | ial. If you have any doubt as | to whether | o include | the facts o | f a specific inc | ident it is re | commended | that vou | disclose the |
| information. If you are unsure about how to respond | to any questions on this forr | m, check with | the City | Clerk for cla | rification. Yo | u can obtain | information r | egardin | g vour arrest |
| and conviction record from the police depart | ment and/or the court | with which | you ir | nteracted, | or the Wis | consin Circ | uit Court A | ccess | website at: |
| https://www.wicourts.gov/casesearch.htm (CCAP m | nay not provide comprehens | sive list of all | arrests/co | onvictions). | | | - 30 | | |
| 1. LEGAL NAME: Shawh | Marie | | Dung | ohu | D | ATE OF BIRT | H. 8/5/ | 64 | |
| First | Middle | | Last | | | TIL OI DIKT | 3/2/ | 0 1 | |
| ADDRESS: | | | | | p | HONE: | ~ — – | | 2 |
| | 17 | | - | | | IOITL. | | | |
| city: Evansuille | STATE: WI | | ZIP: | 5353 | <i>•</i> G | ENDER: | Male (| (Fem. | ale |
| Driver's License No.: | | | | 1 | ST | | | | |
| Driver 3 License No.: | 1 40 | | Issuing | state: V | ~ | 0 | - | | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? | lomo. | | Former | Name(s): | Shav | uh Ki | nghano | ι. | |
| Prior Street Address if Above Address is Less Than 5 Y | ears State Zip From To | City | | State | | Zip | Fre | ons . | To |
| 10 - | | Evans | 1/10 | WI | 5 | 3536 | | | |
| - TOWIS TRUCK | , re | CVWB | "I'C. | WIL | | 2726 | 200 | 4_ | 2023 |
| | | | | | ŀ | | | | |
| | ARREST AND | CONVICTION | ON RECO | ORD | | | | | 1 |
| | (Anywhere within | | | | | | | | |
| 2. Have you ever been cited and/or convicted of a fel | ony? | | | | | | Yes | (| No) |
| 3. Have you ever been cited and/or convicted of a mi | | | | | | | Yes | - | |
| | | | | | | | | | (No) |
| 4. Within the past ten (10) years, have you been arres a) Any underage alcohol violation? | ited for, received a summor | ns to appear | in court f | or, or torte | ited a bond t | or any of the | | _ | |
| b) Operating a motor vehicle while intoxicated? | | | _ | | | _ | Yes | 1 | No |
| c) Selling or furnishing alcoholic beverages to underage | ge nerson? | | | | | _ | Yes | | No No |
| d) Permitting underage person on licensed premises? | | | | | | | Yes | | (No) |
| e) Allowing persons on licensed premises after closing | | | | | | + | Yes | | No) |
| f) Any alcohol related violation other than a, b, c, d, a | | | | | | | Yes | 1 | No) |
| g) Sale of legal or illegal drugs to include prescription | | of any illegal | drugs to i | nclude pres | cription | | 103 | - 22 | |
| medications not prescribed to you? | · | , , | 5 | | 1717 12101010 | | Yes | (| , No |
| h) Fighting, disorderly conduct, assault, or battery? | | | | | | | Yes | | No) |
| i) Resisting arrest, interfering with a police officer or o | | | | | | | Yes | | No |
| j) Any crime or ordinance violation not listed above of | | | | | | | Yes | | No) |
| 5. For each YES response above, you must identify all | violations below. Attach ad | iditional she | ets If nec | essary or co | ontinue on th | e back of thi | is application | | |
| TYPE OF ARREST, SUMMONS, VIOLATION | OR CHARGE | | | MONTH/ | YEAR | | CITY | | STATE |
| | | | | | | | | | |
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| - | | | | | | _ | | - | |
| | | | | | | | | | |
| Within the last two (2) years, did you have and/or | | ing: | Attach c | ertificate o | f completion | for Respons | ible Alcohol S | Servers | Course |
| Successfully completed a Responsible Alcoholic | ol Servers Course | | | An alco | hol agent for | a retail alcol | nol license | | |
| Held an Operator's License issued in Wiscon | | | | | e proprietor o | | | | |
| i. CERTIFICATION: I do hereby swear, under penalty | of perjury, that I am the pe | erson who m | ade and | signed the | foregoing ap | plication for | an operator' | s license | e, and that all |
| tatements herein are complete, true and correct. I fur | ther understand a full backs | ground invest | igation m | ay be cond | ucted by the | Evansville Po | olice Departm | ent pric | or to consider- |
| tion of this application. Additionally, I understand that to further agree of pomply with all laws, regolutions, or | this application may be dei | nied if it cont | ains any | falsification | and that I wi | Il not be able | e to reapply f | ora 6 m | onth period. I |
| O Islandic agree by yoringy with all lows, regoldations, or | umances, and regulations, i | lederal, State | or local a | mecung th | e sale of ferm | enteo mait i | beverages and | Intoxic | ating liquors. |
| ignature: A MUNDUY | | Ema | ıD: | J. J. | | - 1 -V | 11 1 1 4711 | vvi | v |
| Charles Bull | , | - 1 | | 11-7 | 3-24 | (| / | | |
| rinted Name; Shawn Dunphy | | Date | e: | 4.00 | 5-64 | | | | |
| | FOR MUNICIPALITY | LISE ONLY | ELOW T | IIS LINE | | | | | |
| lice Department Recommendation and Comments: | TON WIDINICIPALITY | | | | - | nid T | | | |
| The state of the s | | | | Committee | | aid To: | 6 4.4 | | |
| | | Appr | oved: | | Denied: | ify of Fw | ans Dates | _ | |
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| 10 | | | Clerk's | office Sign | nature | | Da | te | |
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| proved: Denied: _ | | Verei | P . 17 | | R | eceipt: 1. | .154817 | | 35.00 |
| | 1 -1- | , | | | | SHAWN DUNF | | | 20.00 |
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| Police Chief's Signature | Date | | | | | | | | |

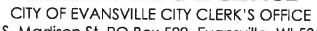


CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 X Renewal Operator's License: \$35.00 Provisional License: \$15.00 NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list of all arrests/convictions). 1. LEGAL NAME: N DATE OF BIRTH: Middle ADDRESS: PHONE: CITY: STATE: GENDER: Driver's License No. Issuing State: Nicholle L **HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?** Prior Street Address If Above Address Is Less Than 5 Years State Zip From To City To ARREST AND CONVICTION RECORD (Anywhere within the United States of America) 2. Have you ever been cited and/or convicted of a felony? No 3. Have you ever been cited and/or convicted of a misdemeanor? (No Yes 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? (No b) Operating a motor vehicle while intoxicated? Yes (Ng c) Seiling or furnishing alcoholic beverages to underage person? Yes d) Permitting underage person on licensed premises? Yes e) Allowing persons on licensed premises after closing? Yes f) Any alcohol related violation other than a, b, c, d, and e? Yes g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? Yes h) Fighting, disorderly conduct, assault, or battery? Yes i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes j) Any crime or ordinance violation not listed above other than traffic or parking tickets? Yes 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR CITY STATE Within the last two (2) years, did you have and/or complete one of the following: Attach certificate of completion for Responsible Alcohol Servers Course Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license Held an Operator's License issued in Wisconsin The sole proprietor of retail alcohol license 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. do further agree/to comply esolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors. vith all laws. Printed Name: ONLY BELOW THIS LINE Police Department Recommendation and Comments: **Public Safety Committee:** Approved: Denied: Date: Clerk's Office Signature Date Receipt # Approved: Police Chief's Signature





| 31 S. Madison St, PO Bo | OX 52 | 9, Evansville, WI 5 | 3536 | | |
|---|---|---|--|-------------------|-----------------|
| New Operator's License: \$35.00 Renewal Oper | | | Provisio | nal License: | \$15.00 |
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| A Police check will be completed. Please read carefully and answer honestly. Falsific cannot reapply for a 6 month period from date of denial. If you have any doubt as to winformation. If you are unsure about how to respond to any questions on this form, chand conviction record from the police department and/or the court with https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive leads to the court with https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive leads to the court with | cation an whether the check with the which | d/or misrepresentation may be to include the facts of a specific the City Clerk for clarification to you interacted, or the | e grounds for den c incident it is reco | mmended that yo | ou disclose the |
| 1. LEGAL NAME: Kimberly | - | | EPSONING/ORGANISM | | |
| 1. LEGAL NAME: DIM DOTTY | | Yjuench | DATE OF BIRTH: | 1-1 | |
| ADDRESS: | | Last | PHONE: | | 2,2 |
| CITY: EVONSUITE STATE: WIT | _ | zip: 53536 | GENDER: M | lale Fen | nale X |
| Driver's License No.: | | Issuing State: W.J. | | | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 21 4005 | | Former Name(s): | | | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | City | | Zip | From | То |
| | | | | 17011 | 10 |
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| ARREST AND CO | NVICT | ON RECORD | | | |
| (Anywhere within the U | | | | | |
| 2. Have you ever been cited and/or convicted of a felony? | | | Ye | es | (No.) |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | | | Ye | | (Na |
| 1. Within the past ten (10) years, have you been arrested for, received a summons to | o appear | in court for, or forfeited a hor | | | Ã |
| a) Any underage alcohol violation? | appear | in court for, or fortened a bot | Ye | | (No) |
| b) Operating a motor vehicle while intoxicated? | | | Ye | | Na |
| c) Selling or furnishing alcoholic beverages to underage person? | | | Ye | | (No |
| d) Permitting underage person on licensed premises? | | | Ye | es . | (No) |
| e) Allowing persons on licensed premises after closing? | | | Ye | is . | No |
| f) Any alcohol related violation other than a, b, c, d, and e? | | | Ye | ?S | (No) |
| g) Sale of legal or illegal drugs to include prescription medications or possession of any medications not prescribed to you? | ny illegal (| drugs to include prescription | | | 3 |
| h) Fighting, disorderly conduct, assault, or battery? | | | Ye | | No |
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| TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE | | MONTH/YEAR | | ITY | STATE |
| | | | | | |
| Within the last two (2) years, did you have and/or complete one of the following: | 21119 | Attach certificate of complet | ion for Responsibl | e Alcohol Servers | Course |
| Successfully completed a Responsible Alcohol Servers Course | | | for a retail alcohol | | |
| Held an Operator's License issued in Wisconsin | | The sole propriet | or of retail alcohol | license | |
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| rinted Name: Kimberly Miench | Date | 11111 | 4 | | 3 |
| FOR MUNICIPALITY USE lice Department Recommendation and Comments: | | ELOW THIS LINE c Safety Committee: | | | |
| with the with the second | | oved: Denied | d: | Date: | |
| | | | | | |
| | | Clarkie Offin- Si- | | | |
| | - | Clerk's Office Signature | | Date | |
| proved: Denied: UZS (29) | Recel | pt # | | | |
| DAILE Philader | → . | | | | |



CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

| | erator' | s License: \$35.00 | Provision | nal License: | \$15.00 |
|--|---|---|--|--|--|
| NOTE: APPLICATION FEE WILL NOT | BE REFUN | IDED IF DENIED OR WITH | DRAWN | | The state of the s |
| A Police check will be completed. Please read carefully and answer honestly. Falsi cannot reapply for a 6 month period from date of denial. If you have any doubt as to information. If you are unsure about how to respond to any questions on this form, and conviction record from the police department and/or the court whites://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive | o whether . check witi vith whic | to include the facts of a speci h the City Clerk for clarificatio h you interacted or the | fic incident it is recon | nmended that yo | ou disclose the |
| 1. LEGAL NAME: Debbie Lynn | Jo | phyon | DATE OF BIRTH: | | 775 |
| ADDRESS: | | Last | | | - |
| Discourse of the second | _^~ | | PHONE. | - L | |
| CITY: HOANY STATE: WI | | ZIP:53502 | GENDER: Ma | ale (Fen | nale |
| Driver's License No.: |) | Issuing State: | T | | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 10407 | 2 | | | | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | City | Former Name(s): | Zip | From | |
| | City | Jule | zip | From | То |
| | | | | | |
| | | | | | |
| ARREST AND C | | | | | |
| 2. Have you ever been cited and/or convicted of a felony? | | - Continued in | Ye | | (No) |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | | | Yes | | (No) |
| 4. Within the past ten (10) years, have you been arrested for, received a summons | to appear | in court for, or forfeited a bo | | | (NO) |
| a) Any underage alcohol violation? | | | Yes | | (No) |
| b) Operating a motor vehicle while intoxicated? | | | Yes | 5 | (No) |
| c) Selling or furnishing alcoholic beverages to underage person? d) Permitting underage person on licensed premises? | | | Yes | | (No) |
| e) Allowing persons on licensed premises after closing? | | | Yes | | NO |
| f) Any alcohol related violation other than a, b, c, d, and e? | | | Yes Yes | | No |
| g) Sale of legal or illegal drugs to include prescription medications or possession of a | any illegal | drugs to include prescription | 168 | <u>`</u> | (No) |
| medications not prescribed to you? | | | Yes | | No |
| h) Fighting, disorderly conduct, assault, or battery? | | | Yes | | (Na) |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | | | Yes | | SNO |
| j) Any crime or ordinance violation not listed above other than traffic or parking tick | ets? | white department of the same of | Yes | | (No) |
| For each YES response above, you must identify all violations below. Attach addit TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE | tional sne | | | The same of the sa | |
| The second secon | | MONTH/YEAR | CIT | N . | STATE |
| | | | | | |
| | | | | | |
| Within the last two (2) years, did you have and/or complete one of the following | | About and there of any in- | | 24172 | 27.30 |
| Successfully completed a Responsible Alcohol Servers Course | 8. | Attach certificate of comple An alcohol agent | tion for Responsible t for a retail alcohol l | | Course |
| Held an Operator's License issued in Wisconsin | _ | | tor of retail alcohol l | | |
| . CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person | on who m | ade and signed the foregoin | annilostica for an | | |
| atements herein are complete, true and correct. I further understand a full backgrou | IIDA IDVASI | IDATION MOV be conducted by | the Eugenille Beller | Daniel Da | |
| aion of this application, Additionally, I understand that this application may be denie | id it it cont | ains any falsification and that | the sold not be able to | roomaly for a C - | |
| o further agree to comply with all laws, resolutions, ordinances, and regulations, fed | ierai, state | or local affecting the sale of | fermented malt beve | rages and intoxic | cating liquors. |
| ignature: JUDDU JUDDU) | Ema | III: | | 11 1102 0 1 11 | · numa |
| rinted Name: 100 hby a Lyon John Corn | | NI DULL | 10 211 | | er occured |
| THE TAINE STOP SON SON | Date | CHANTO | 1004 | | |
| FOR MUNICIPALITY US | SE ONLY B | ELOW THIS LINE | | | |
| lice Department Recommendation and Comments: | 100000000000000000000000000000000000000 | c Safety Committee: | . Paid Tos | | |
| | Appre | oved: Denie | d: Cifty of Evans | Date: | |
| | | | | | |
| | | Clerk's Office Signature | | Date | |
| | Recei | pt# | P. W. C. | | |
| proved: Denied: | 1 | | Raceipt: 1.15 | i4842 | 35.00 |
| VIII 1005174 | | | KOPECKYS WIR | | 1851(1912) |
| 3110111 | | | Apr 24, 2024 | | |
| Police Chief's Signature Date | 1 | | 1971 174 4144 | 48.44 | i i |



CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536 New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00 NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list of all arrests/convictions). 1. LEGAL NAME: DATE OF BIRTH: **ADDRESS** PHONE: GENDER: Female Driver's License No.: // HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS: Prior Street Address if Above Address is Less Than 5 Years State Zip From To City State To ARREST AND CONVICTION RECORD (Anywhere within the United States of America 2. Have you ever been cited and/or convicted of a felony? Yes No 3. Have you ever been cited and/or convicted of a misdemeanor? Yes No 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? b) Operating a motor vehicle while intoxicated? (No. Yes c) Selling or furnishing alcoholic beverages to underage person? No Yes No d) Permitting underage person on licensed premises? Yes No e) Allowing persons on licensed premises after closing? Yes f) Any alcohol related violation other than a, b, c, d, and e? No g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription Yes No medications not prescribed to you? h) Fighting, disorderly conduct, assault, or battery? Yes No i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes No Yes j) Any crime or ordinance violation not listed above other than traffic or parking tickets? No 5, For each VES response above, you must identify all violations below. Attach, additional sheets if (No stary or continue on the back of this appl TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR CITY STATE Within the last two (2) years, did you have and/or complete one of the following: Attach certificate of completion for Rosponsible Alcohol Servers Course Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license Held an Operator's License issued in Wisconsin The sole proprietor of retail alcohol license 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt heverages and intoxicating liquors. Signature **Printed Name** Date: ONLY BELOW THIS LINE Police Department Recommendation and Comments: Public Safety Committee: Paid Ins Approved: Date: Clerk's Office Signature Receipt # Approved: Denied: Receipts 1.156842 35.00 KOPECKYS WORLDWIDE FOOD Police Chief's Signature Apr 24, 2024 1:40 PM



CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

| | | License: \$35.00 | | Provisional (| License: | \$15.00 |
|---|--|--|-----------------------------|--|---------------|----------------|
| NOTE: APPLICATION FEE WILL NOT | BE REFUN | DED IF DENIED OR WIT | HDRAWN | | | |
| A Police check will be completed. Please read carefully and answer honestly. Falsi cannot reapply for a 6 month period from date of denial. If you have any doubt as to information. If you are unsure about how to respond to any questions on this form, and conviction record from the police department and/or the court of the https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehension). | ification and to whether to to, check with with which | d/or misrepresentation ma to include the facts of a spe the City Clerk for clarificat to you interacted, or the | y be groun cific incider | nds for denial of nt it is recommer | nded that you | disclose the |
| 1. LEGAL NAME: Suita THornya | 1 | Kodens | DATE | OF BIRTH: | , , | |
| / First Middle | | Last | DAIL | OI DIKIII. | | • |
| ADDRESS: | | | PHON | IE: | | |
| CITY: Albany STATE: (V) | | ZIP: 53502 | GEND | ER: Male | Fem | ale |
| Driver's License No.: | | Issuing State: | 1 | 1 | | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 10 + USAS | 6 | Carlo School | Al | 1 | | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | City | Former Name(s): | MI | Zip | From | 7. |
| 11/2 | City | State | | Zip | rrom | То |
| /V/A | | | | | | |
| <u>.</u> | | | | | | |
| ARREST AND ((Anywhere within the | | | | | | |
| 2. Have you ever been cited and/or convicted of a felony? | | | | Yes | | No |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | | | | Yes | | No |
| 4. Within the past ten (10) years, have you been arrested for, received a summons | s to appear | in court for, or forfeited a | bond for a | ny of the followi | ng: | |
| a) Any underage alcohol violation? | | | | Yes | | _No |
| b) Operating a motor vehicle while intoxicated? c) Selling or furnishing alcoholic beverages to underage person? | | | | Yes | _ | No |
| d) Permitting underage person on licensed premises? | | | | Yes | _ | -No- |
| e) Allowing persons on licensed premises after closing? | | | | Yes | | No |
| f) Any alcohol related violation other than a, b, c, d, and e? | | | | Yes | | NO |
| g) Sale of legal or illegal drugs to include prescription medications or possession of | any illegal o | drugs to include prescription | n | | | |
| medications not prescribed to you? h) Fighting, disorderly conduct, assault, or battery? | | | | Yes | | Ho |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | | | | Yes | | No |
| j) Any crime or ordinance violation not listed above other than traffic or parking tick | :kets? | | | Yes | | -No |
| 5. For each YES response above, you must identify all violations below. Attach add | | ets if necessary or continue | on the ba | | ation. | - Delivery |
| TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE | | MONTH/YEAR | | CITY | | STATE |
| DEULERLY CONFULT 10+ YEAR | AGO | CANT RE | men | 7852 | | |
| | | | | | | |
| Within the last two (2) years, did you have and/or complete one of the following | ne: | Attach certificate of comp | eletion for | Resnonsible Alco | hol Samers | Course |
| Successfully completed a Responsible Alcohol Servers Course | | | | tail alcohol licens | | COUISE |
| Held an Operator's License issued in Wisconsin | | | | tail alcohol licens | | |
| 5. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the perstatements herein are complete, true and correct. I further understand a full backgroation of this application. Additionally, I understand that this application may be denied further agree to comply with all laws, resolutions, ordinances, and regulations, ferman and regulations. | ound invest ied if it cont | igation may be conducted ains any falsification and the | by the Evai | nsville Police Dep | partment prio | r to consider- |
| Signature: | Ema | il: | | | | |
| Printed Name: ST-W MORECIELY | Date | 4/17/24 | / | | | |
| FOR MUNICIPALITY (| LICE ONLY D | FLOW THE LINE | | | | |
| olice Department Recommendation and Comments: | | Safety Committee: | Dei | - T- | | |
| | 1 | 0.000.0041 | nled: | d To: Date | 5 | |
| | | | 6.44 | A OL CARRESTY | .xe | |
| | | Clerk's Office Signature | | | Date | |
| _ \ | Recei | | | | | |
| pproved: Denied: | Necel | P . " | De- | nich: 1 15/0/ | 10 | 75 00 |
| X 1125/24 | | | KO | eipt: 1.15684 PECKYS WORLDW | IDE FOOD | 35.,00 |
| Police Chief Signature Date | - | | Apr | 24, 2024 1: | 10 PK | |



CITY OF EVANSVILLE CITY CLERK'S OFFICE
31 S. Madison St. PO Box 529 Evansville, WI 534

| New Operator's License: \$3 | | perator | 's License: \$35.00 | n F | Dravision | al Licenses | 647.00 |
|---|--|-------------------|-------------------------------------|---------------|--|--|----------------|
| NC NC | | | | | PIOVISION | al License: | \$15.00 |
| A Police check will be completed. Please rea cannot reapply for a 6 month period from dat | d carefully and answer honestly. Fal | Islfication a | nd/or misrepresentation | n may he ar | Ounds for donlar | Lat lines and | 表演是歌 。宋 |
| cannot reapply for a 6 month period from dat information. If you are unsure about how to | e of denial. If you have any doubt as | to whethe | r to include the facts of a | specific inc | dent it is recom | mended that we | mit. Applicai |
| information. If you are unsure about how to and conviction record from the police | espond to any questions on this form | n, check wi | th the City Clerk for clarit | fication. You | can obtain info | rmation regardi | US AUTE STEE |
| and conviction record from the police https://www.wicourts.gov/casesearch.htm | ICCAP may not provide comprehens | with whi | ch you interacted, o | r the Wise | consin Circuit | Court Access | website a |
| 1. LEGAL NAME: DOPOTHY | Jean | IAG IIST OL 9 | mitasca/convictions). | | | | |
| First | 9.00111 | | atterson | DA | TE OF BIRTH: | | |
| ADDRESS: | **Iddle ** | | Last | | | | |
| | -, | F 2 | 1.00 | PH | ONE: | | - |
| CITY: ELGINSOITE | STATE: WI | | zip: 53536 | | The section of the se | | Ü. |
| Deliver of the second | | - | | | NDER: Mal | e fen | nale X |
| Driver's License No. | | | Issuing State: | 01 | | | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDI | ressi 3748qus | | | | | | |
| Prior Street Address if Above Address is Less 1 | han 5 Vears State 7to From To | 41. | Former Name(s): | | | | |
| | non a real a state zip From 10 | City | State | | Zip | From | То |
| | | · | | | | | |
| | | | | | | | |
| | ARREST AND | CONVICTO | CMRECORD | Z V V T T L | | | |
| 2000年1月2日 2000年1月 1日 | (Anywhere within the | ne United S | tates of Americal | | | 同意化作。 | |
| 2. Have you ever been cited and/or convicted | of a felony? | | ALCO OF MILLET PLATE | The second | Thursday State Co | 18 19 N | CHARLE . |
| 3. Have you ever been cited and/or convicted | of 2 misdamanus? | | | | Yes | | (No) |
| 4. Within the past ten (10) years have you have | a misdemeanor; | | | | Yes | | (No) |
| 4. Within the past ten (10) years, have you bee a) Any underage alcohol violation? | n arrested for, received a summons | to appear | in court for, or forfeited | d a bond for | any of the follo | wing: | |
| b) Operating a motor vehicle while intoxicated | 3 | | | | Yes | | No |
| c) Selling or furnishing alcoholic beverages to u | nderage person? | | | | Yes | | No |
| d) Permitting underage person on licensed pre | mises? | - | | | Yes | | NO |
| e) Allowing persons on licensed premises after | closing? | | | | Yes | | (Ng) |
| 1) Any alcohol related violation other than a. b. | c d and o? | | | | Yes | | (NO) |
| g) Sale of legal or illegal drugs to include grescr | iption medications or possession of | any illegal | druos to include procesie | tion | Yes | | (No) |
| | | , | to melade prescrip | /t)OH | Yes | 1 | 6 |
| h) Fighting, disorderly conduct, assault, or batte | ery? | | | | Yes | | No |
| i) Resisting arrest, interfering with a police office | er or obstructing an officer? | | | | Yes | | (No) |
| Any crime or ordinance violation not listed at For each VES. | love other than traffic or parking tick | kets? | | - S' | | | (No) |
| For each YES response above, you must kien TYPE OF ARREST, SUMMONS, VIOL | my all violations below. Attach add | itional she | ets if necessary or conti | nue on the b | ack of this appl | leation. | MINISTER ST |
| TYPE OF ARREST, SUMMONS, VIOL | ATION OR CHARGE | | MONTH/YEAR | R | CITY | | STATE |
| | 14 to | | | | | | JIMIE |
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| Within the last two (2) years, did you have a | | 20 Million 100 12 | THE RESERVE THE PARTY OF THE PARTY. | The second | | | |
| Successfully completed a Personality | to tompiere one or the rollowin | RI SERVICE | Attach certificate of co | mpletion for | Responsible Al | cohol Servers C | ourse |
| Successfully completed a Responsible Held an Operator's License issued in Management | Alcohoi Servers Course | | An alcohol a | agent for a r | etail alcohol lice | nse | |
| | lisconsin | | ATTENDED TO | | | | |
| CERTIFICATION: I do hereby swear, under per atements herein are complete, true and correct | halty of perjury, that I am the person | on who ma | ide and signed the fore | going applic | ation for an op- | eratur's license | and that a |
| ION OF UNIS application, Additionally Tripdocetor | of the sale to the sale of the | | Parion may be conducte | in by the Eva | insville Police Di | enartment prior | to conside |
| further agree to comply with all laws, resolution | ons, ordinances, and regulations, fed | eral, state | or local affection the cal | that I will n | ot be able to rea | apply for a 6 mo | onth period. |
| | there | The state | or local affecting the sal | e or terment | ed malt bevera | ges and intoxica | ting liquors |
| | | Emai | l: | , | | | |
| inted Name: Dorothy Jean | PA HPISON | 1 - | 4.19.3 | V.I | | - | |
| Lines Area and a second | | Date | 7,11,0 | | | | |
| | FOR MUNICIPALITY U | SE ONLY B | IOW THIS THIS | | | 777 M. T. C. | |
| ce Department Recommendation and Comme | nts: | Public | Safety Committee: | | A CONTRACTOR OF THE PARTY OF TH | | Carry St. |
| | | Appro | | enled: | aid To: | | |
| | | - Valor, in | | C. | ty of Evans | vitte - | |
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| 0.0 | | | Clerk's Office Signatur | e | | Date | |
| () 🗶 0 | | Receip | t# | | | | |
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| 71/ | 1000000 | | | | ceipt: 1.15 | | 35.00 |
| | 4100104 | | | | KOPECKYS WORL | | |
| Police Chief's Signature | Date | - | | Αį | or 24, 2024 | 1:10 PM | |



CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

| A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recomme and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Continued the facts of a specific incident it is recomme and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Continued the facts of a specific incident it is recomme and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Continued the facts of a specific incident it is recomme and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Continued the facts of a specific incident it is recomme and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Continued the facts of a specific incident it is recomme and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Continued the facts of a specific incident it is recommended to any output of the court with which you interacted, or the Wisconsin Circuit Continued the facts of a specific incident it is recommended to any output of the court with which you interacted, or the Wisconsin Circuit Continued the facts of a specific incident it is recommended to any output of the court with which you interacted, or the Wisconsin Circuit Continued the facts of a specific incident it is recommended to any output of the court with which you interacted, or the Wisconsin Circuit Continued the facts of a specific incident in the fac | nded that you disclose the |
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| cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recomme and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Convictions (CCAP may not provide comprehensive list of all arrests/convictions). 1. LEGAL NAME: DATE OF BIRTH: | nded that you disclose the |
| Information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Control of the Con | nded that you disclose the |
| and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Co https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive-list of all arrests/convictions). 1. LEGAL NAME: DATE OF BIRTH: Middle DATE OF BIRTH: | otion regarding your arrest urt Access website at: |
| 1. LEGAL NAME: JOSSICA ROBIN Balley DATE OF BIRTH: | urt Access website at: |
| First Middle DATE OF BIRTH: | |
| ACCOUNTY. | 1001-2 |
| AUDRESS: | |
| CITY: Jefferson STATE: WI 1063549 PHONE: | |
| Driver's License No. | Female 📈 |
| issuing State: VV | |
| Prior Street Address (6 Above Address) A TRA | ** = 1 mm = 2 m |
| Filor Street Address is Address is Less Than 5 Years State Zip From To City State Zip | From . To |
| Jefferson W1 53549 21 | 012 2022 |
| | 2000 |
| ARREST AND CONVICTION RECORD (Anywhere within the United States of America). | 5-80-1-10-1-1 |
| 2. Have you ever been cited and/or convicted of a felomo? | 200 St. 5-36-57 |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | No |
| 4. Within the past ten (10) years, have you been arrested for, received a summore to appear in court for an arrest ten (10) years, have you been arrested for, received a summore to appear in court for an arrest ten (10) years, have you been arrested for. | (No) |
| | ng: |
| b) Operating a motor vehicle while intoxicated? c) Selling or furnishing alcoholic beverages to underage person? Yes Yes | No |
| il Pe, witting underage person on licensed promites? | (Ne |
| e) Allowing persons on licensed premises after closing? | No |
| f) Any alcohol related violation other than a. b. c. d. and e? | No. |
| g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? | (No) |
| h) Fighting, disorderly conduct, assault, or battery? | (No) |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | (No) |
| J) Any crime or ordinance violation not listed above other than traffic or parking tigher? | (No) |
| S. For each Vist integrates above, you must king it is a violations below; a true additional specific to proceed the control of the control o | ton (NO) |
| TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR CITY | STATE |
| 8/2015 leffers n | |
| de Ho. 4.1 | |
| Within the last two (2) years, did you have and/or complete one of the following: Attach certificate of completion for Responsible Alco | |
| | hol Servers Course |
| TO THE PARTY OF TH | |
| . CERTIFICATION: I do hereby swear under negative that I am the | |
| tatements herein are complete, true and correct. I further enderstand a full background investigation may be conducted by the Evansville Police Depition of this application. Additionally, Lunderstand that this application may be conducted by the Evansville Police Depition of this application. | itor's license, and that all |
| tion of this application. Additionally, I understand that this application may be denied if it contains any falsification-and that I will not be able to reapply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermences malt beverage | ply for a 6 month period i |
| A state of local affecting the sale of formented malt beverages | and intoxicating liquors. |
| ignature: Colonia he backet | |
| rinted Name: VESSICA K. Baikey Date: 4-22-24 | |
| 200 - N. 12 - | Service |
| Fire Department Personal Principles of the Princ | The state of the s |
| Public Safety Committee | |
| Annual Continues Paid To: | |
| Paid Toe | tle |
| Approved: Denied: Date: Lity of Evansy: | TTG |
| Approved: Denied: Paid To: Date: Clerk's Office Signature Clerk's Office Signature | Date |
| Approved: Denied: Paid To: Date: Clerk's Office Signature Receipt # | Date |
| Approved: Denied: Paid To: Date: Clerk's Office Signature Receipt # Receipt: 1.1569 | Date 35.06 |
| Approved: Denied: Paid To: Date: Clerk's Office Signature Receipt # | Date 35.00 VIDE FOOD |



OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536 New Operator's License: \$35.00 Renewal Operator's License: \$35.00 Provisional License: \$15.00 NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list of all arrests/convictions). 1. LEGAL NAME: HYIP DATE OF BIRTH: Middle ADDRESS: GENDER: Issuing State: **HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?** Prior Street Address if Above Address is Less Than 5 Years State Zip From To City ARREST AND CONVICTION (Anywhere within the United States of America) 2. Have you ever been cited and/or convicted of a felony? Yes 3. Have you ever been cited and/or convicted of a misdemeanor? Yes 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? Yes b) Operating a motor vehicle while intoxicated? Yes No c) Selling or furnishing alcoholic beverages to underage person? Yes No d) Permitting underage person on licensed premises? Yes No e) Allowing persons on licensed premises after closing? No f) Any alcohol related violation other than a, b, c, d, and e? No Yes g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you? No Yes h) Fighting, disorderly conduct, assault, or battery? Yes No i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes Me j) Any crime or ordinance violation not listed above other than traffic or parking tickets? No 5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR CITY STATE Within the last two (2) years, did you have and/or complete one of the following: Attach certificate of completion for Responsible Alcohol Servers Course Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license Held an Operator's License issued in Wisconsin The sole proprietor of retail alcohol license 6. CERTIFICATION: 1 do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors. olice Department Recommendation and Comments: City of Evansyille Public Safety Committee: Approved: Denled: Clerk's Office Signature Date Reckipt: 1.156838 35.00Receipt # pproved Denied: ARIELLE KELTNER Apr 24, 2024 11:59 AM Police Chief's Signature



CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

| New Operator's License: \$35.00 | Renewal Op | | | e: \$35.00 | | nal License: | \$15.00 |
|--|----------------------------|--------------|-------------------|----------------------|-------------------------------------|---|-------------------|
| NOTE: APPLICA | TION FEE WILL NOT | BE REFU | NDED IF DE | NIED OR WITH | IDRAWN | THE THE PERSON NAMED IN | |
| A Police check will be completed. Please read carefully and | answer honestly. Falsi | ification a | nd/or misre | presentation ma | y he grounds for dor | nial of license/per | mit. Applicant |
| cannot reapply for a 6 month period from date of denial, if \ | ou have any doubt as to | o whether | ta include t | he facts of a spec | rific incldent it is room | mmonded that us | - باد معمامها است |
| information. If you are unsure about how to respond to any and conviction record from the police department | and/or the court v | , cneck wit | th the City Ci | lerk for clarificati | on, You can obtain in | formation regardi | ing your arrest |
| https://www.wicourts.gov/casesearch.htm (CCAP may no | t provide comprehensiv | e list of al | larrests/cor | eracted, or th | e Wisconsin Circui | t Court Access | website at: |
| | | inst of all | 44 | wicdonsj. | | | |
| First Vo | Mas | | Maly | / | DATE OF BIRTH: | V/ 61 | |
| ADDRESS: | nadie | | Last / | | | | |
| | | | T | | PHONE: | | 34 |
| CITY: Evans 1. (le STA | re: UT | | ZIP: | 53536 | GENDER: N | fale Fen | nale |
| Driver's License No.: | | | | | | 161 | itaic |
| Driver 2 riceuse MO:: | | | Issuing St | ate: (Vi | Scons.n | | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? | 5 years | | Former N | lame(s): | | | |
| Prior Street Address if Above Address is Less Than 5 Years S | tate Zip From To | City | | State | Zip | From | To |
| | | | | | | 110 | 10 |
| | | | | | | | |
| | | | | | | | |
| | ARREST AND | ONVICT | ON RECOR | RD | | | diam'r annos |
| | (Anywhere within th | e United S | tates of Am | erica). | | | |
| 2. Have you ever been cited and/or convicted of a felony? | | | | | Y | es | (NO) |
| Have you ever been cited and/or convicted of a misdeme | anor? | | | | Ye | es | (No) |
| 4. Within the past ten (10) years, have you been arrested fo | r, received a summons | to appear | In court for | or forfeited a l | ond for any of the fe | ollowing | |
| a) Any underage alcohol violation? | | | | | Ye | | No |
| b) Operating a motor vehicle while intoxicated? | | | | | Ye | | (No) |
| c) Selling or furnishing alcoholic beverages to underage pers | on? | | | | Ye | 25 | (No) |
| d) Permitting underage person on licensed premises? | | | | | Ye | 25 | No |
| e) Allowing persons on licensed premises after closing? f) Any alcohol related violation other than a, b, c, d, and e? | | | | | Ye | 25 | (No) |
| g) Sale of legal or illegal drugs to include prescription medica | ations or possession of | anii Illanal | ما د ها د ما الما | T1 | Y€ | 25 | No |
| medications not prescribed to you? | ations of possession of | any megar | arugs to inc | iuae prescriptioi | 1 | | |
| h) Fighting, disorderly conduct, assault, or battery? | | | | | Ye | | No |
| i) Resisting arrest, interfering with a police officer or obstruct | ting an officer? | | | | Ye | | No |
| j) Any crime or ordinance violation not listed above other the | an traffic or parking tick | cets? | | | Ye | 5 | (No.) |
| 5. For each YES response above, you must identify all violati | ons below. Attach addi | itional she | ets if neces | sary or continue | on the back of this a | polication. | A LIGHT ELE |
| TYPE OF ARREST, SUMMONS, VIOLATION OR CH | ARGE | | | MONTH/YEAR | | ITY | STATE |
| | | | | | | | JINIE |
| | | | | | | | |
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| Wieble the last two (2) years and a section is | | | | | | | |
| Within the last two (2) years, did you have and/or compl | | g: | | | letion for Responsibl | | Course |
| Successibility completed a Responsible Alconol Servi | ers Course | | | | nt for a retail alcohol | | |
| Held an Operator's License issued in Wisconsin | | | | | etor of retail alcohol | | |
| i. CERTIFICATION: I do hereby swear, under penalty of perj | ury, that I am the pers | on who m | nade and sig | ned the foregoi | ng application for an | operator's licens | se, and that all |
| tatements herein are complete, true and correct. I further ur tion of this application. Additionally, I understand that this a | opiication may be denie | ad it it con | taine any tal | leitication and th | at I will bot be able to | - u | 41 4 4 [61] |
| o further agree to comply with all laws, resolutions, ordinand | es, and regulations, fed | leral, state | or local aff | ecting the sale o | f fermented malt bev | э reapply for a ь r rerages and intoxi | nonth period, I |
| ignature: Could & Mal | | 1 | | | | S. P. G. S. | cating inquors. |
| ignature: | | Em. | ail: | | | | 40 |
| rinted Name: Carl J Maly | | Dat | 4 | 125 /2 | 2024 | | |
| | | Jac | | 200 / 6 | 021 | | |
| Ura Parada and and and and and and and and and | FOR MUNICIPALITY U | | | | | | |
| lice Department Recommendation and Comments: | | | ic Safety Co | | Paid To: | v.e.v | |
| | | Appr | oved: | Den | ied: | Date: | |
| | | | | | many of the contract | MARKE. | |
| | | \dashv | Clerk's C | Office Signature | | Date | |
| 10 | | | | | | Date | |
| proved Denied: | * | Rece | ipt# | | # 1/# 10 to 10 to 10 to 10 to 10 to | | NAME OF STREET |
| Defiled: | TON | | | | Receipt: 1.1 | 56850 | 35.00 |
| | M / 10 | | | | MALY, CARL | | |
| Police Chief's Signature | Date | | | | Apr 25, 2024 | 11:09 AN | |
| The state of the s | ~ ~ ~ ~ | | | | | | |



CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

| New Operator's License: \$ | Viend | | | | onal License: | \$15.00 |
|---|---|--|--|--|---|---------------|
| A Relies should will be a surely at 1 21 | OTE: APPLICATION FEE WILL NOT | BE REFUNDE | D IF DENIED OR WIT | HDRAWN. | -17 F 1 H | TOWNS IN |
| A Police check will be completed. Please re- cannot reapply for a 6 month period from da- information. If you are unsure about how to and conviction record from the police https://www.wicourts.gov/casesearch.htm | ate of denial. If you have any doubt as to respond to any questions on this form to department and/or the court w | to whether to in , check with the with which v | nclude the facts of a spe e City Clerk for clarificat ou interacted, or th | cific incident it is reco | mmended that yo | u disclose th |
| 1. LEGAL NAME: AUSTIN | Thomas | Ande | rson | DATE OF BIRTH: | | |
| 1-71 | 111 Middle | , , , , , , , | Last | - | | 107 |
| ADDRESS: | | | 0-17/ | PHONE: | <u> </u> | _ |
| CITY: BV9113V111E | STATE: W.L. | ZI | P: 53536 | GENDER: | nale Ferr | ıale |
| Driver's License No.: _ | | Iss | suing State: WISC | onsin | | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADD | DRESS? 25 YEARS | | ormer Name(s): | | | |
| Prior Street Address If Above Address is Less | | City | State | Zip | From | То |
| | | | | | | |
| | | | | | C C | |
| | ARREST AND | | | Ven Success | | 100000000 |
| 2. Have you ever been cited and/or convicte | (Anywhere within th | ne United State | s of America). | | | |
| 3. Have you ever been cited and/or convicted | | | | | es | (No) |
| 4. Within the past ten (10) years, have you be | | to oppose le . | - total and the state of the st | | es | (No) |
| a) Any underage alcohol violation? | een arrested for, received a summons | то арреат іп с | ourt for, or forfeited a | | ollowing: es | (No |
| b) Operating a motor vehicle while intoxicate | | | | | es | No |
| c) Selling or furnishing alcoholic beverages to | o underage person? | | | | es | NO |
| d) Permitting underage person on licensed p | remises? | | | Y | es | (No) |
| e) Allowing persons on licensed premises aft | | | | Y. | es | NO |
| f) Any alcohol related violation other than a, | b, c, d, and e? | | | Y | es | No |
| g) Sale of legal or illegal drugs to include pres medications not prescribed to you? | scription medications or possession of | any illegal drug | s to include prescriptio | | | 13 |
| h) Fighting, disorderly conduct, assault, or ba | attery? | | | | es es | (NO) |
| i) Resisting arrest, interfering with a police of | | | | | es | B |
| j) Any crime or ordinance violation not listed | above other than traffic or parking tick | kets? | | | 25 | No |
| . For each YES response above, you must ide | entify all violations below. Attach add | itional sheets i | f necessary or continue | on the back of this | application. | 0 |
| TYPE OF ARREST, SUMMONS, VIO | OLATION OR CHARGE | | MONTH/YEAR | | CITY | STATE |
| | | | | | | |
| | | | | | | |
| Within the last two (2) years, did you have | and/or complete one of the followin | ig: Att | ach certificate of comp | letion for Responsib | le Alcohol Servers | Course |
| ☐ Successfully completed a Responsib | | | _ | ent for a retail alcoho | | Course |
| Held an Operator's License issued in | | | | ietor of retail alcohol | | |
| CERTIFICATION: I do hereby swear, under tatements herein are complete, true and correction of this application. Additionally, I understo further agree to comply with all laws, resolution. | tand that this application may be denie | ound investigated if it contains | ion may be conducted | by the Evansville Police | ce Department pric | or to conside |
| gnature: Lan MOS | | | | | .7 /- | - 1 |
| | 250 1 | Email: | 01/100 | 72 - 21 | | I. |
| rinted Name: HUSTIN JINHO | erson | Date:_ | 04/22 | 12025 | | |
| | FOR MUNICIPALITY U | JSE ONLY BELO | W THIS LINE | | | |
| lice Department Recommendation and Com | ments: | | fety Committee: | Faid Tos | | |
| | | Approve | d: Der | llea: | Date: | |
| | | | | CLCY OF EVE | UPATITE | |
| | | | lerk's Office Signature | | Date | |
| | | Receipt # | | | Juc | |
| proved: | enied: | neceipt # | | (A 40 40 40 0 11 to 10 10 10 10 10 10 10 10 10 10 10 10 10 | MC CO. CO. CO. CO. CO. CO. CO. CO. CO. CO | |
| | | | | Receipt: 1. | | 35,00 |
| X() | 10176174 | | | AMDERSON, | AUSTIN | |
| Police Chief's Signature | 41000 | | | Apr 24, 202 | N. T. D. P.M. | |



CITY OF EVANSVILLE CITY CLERK'S OFFICE

| New Operator's Licens | se: \$35.00 Renewal Or | | 29, Evansville, W s License: \$35.00 | | rovisional Lie | cense: \$15.00 |
|--|--|---|---|----------------|---------------------------|---|
| | NOTE: APPLICATION FEE WILL NOT | BE REFUN | NDED IF DENIED OR WIT | HDRAWN | DIVIDE LO | ALTERNATION IN COLUMN TWO IS NOT THE REAL PROPERTY. |
| information. If you are unsure about and conviction record from the | ase read carefully and answer honestly. Fals rom date of denial. If you have any doubt as t now to respond to any questions on this form police department and/or the court we ch.htm (CCAP may not provide comprehension | ification ar to whether to check with with which | nd/or misrepresentation m to include the facts of a spo h the City Clerk for clarifica h you interacted or t | ay be ground | it is recommende | ed that you disclose the |
| | 1 VMA | | | | - | _ |
| 1. LEGAL NAME: SHERI | Middle | - 0 | IAPICK | DATE O | F BIRTH: | |
| ADDRESS:U | · / | | Last | PHONE | h. v | 3 |
| CITY: EVANSUILLE | STATE: WI | | zip: 53536 | GENDE | R: Male | Female |
| Driver's License No.: | | | Issuing State: W | | | |
| HOW LONG HAVE YOU LIVED AT ABOV | VE ADDRESS? LZYRS | | Former Name(s): | | | |
| Prior Street Address if Above Address | is Less Than 5 Years State Zip From To | City | | Zi | Р | From To |
| | | _ | | | | |
| | ARREST AND | CONVICTO | ON DECORD | | | |
| | (Anywhere within th | ne United S | tates of America). | | | |
| 2. Have you ever been cited and/or co | The state of the s | | | | Yes | (Na) |
| 3. Have you ever been cited and/or co | | | | | Yes | (No) |
| 4. Within the past ten (10) years, have | you been arrested for, received a summons | to appear | in court for, or forfeited a | bond for any | of the following | |
| a) Any underage alcohol violation? | | | | | Yes | (No) |
| b) Operating a motor vehicle while int c) Selling or furnishing alcoholic bever | | | | | Yes | (No) |
| d) Permitting underage person on lice | nsed premises? | | | | Yes | (NO) |
| e) Allowing persons on licensed premi | ses after closing? | | | | Yes | (Alex |
| f) Any alcohol related violation other t | han a, b, c, d, and e? | | | | Yes | (NO) |
| g) Sale of legal or illegal drugs to include | de prescription medications or possession of | any illegal | drugs to include prescription | on l | 163 | (No) |
| medications not prescribed to you? | | | | | Yes | (No) |
| h) Fighting, disorderly conduct, assault | , or battery? | | | | Yes | (No) |
| i) Resisting arrest, interfering with a po | olice officer or obstructing an officer? | | | | Yes | (No) |
| | listed above other than traffic or parking tick | | | | Yes | No |
| | ust identify all violations below. Attach add | itional she | ets if necessary or continu | e on the back | of this application | on. |
| TYPE OF ARREST, SUMMO | NS, VIOLATION OR CHARGE | | MONTH/YEAR | | CITY | STATE |
| | | | | | | |
| Withip the last two (2) years, did yo | u have and/or complete one of the followin | ng: | Attach certificate of com | oletion for Re | snonsible Alcoho | Seguere Course |
| Successfully completed a Res | ponsible Alcohol Servers Course | | 1 | | l alcohol license | 1 251 4612 COOL26 |
| Held an Operator's License is. | sued in Wisconsin | | | | alcohol license | |
| CERTIFICATION: I do hereby swear, a statements herein are complete, true ar ation of this application. Additionally, I a | under penalty of perjury, that I am the pers nd correct. I further understand a full backgro understand that this application may be deni resolutions, ordinances, and regulations, fer | ound invest ed if it cont | tigation may be conducted | by the Evansy | ville Police Depart | tment prior to consider |
| Signature: Mese Se | dee | Ema | id: | | | |
| Printed Name: SHERI B | SIDDICK | Date | 14/18/20 | 224 | (R) | |
| | FOR MUNICIPALITY L | JSE ONLY B | RELOW THIS LINE | | (- | |
| olice Department Recommendation and | Comments: | | c Safety Committee: | Paid | Con | |
| | | Appre | oved: De | nied: | Date: | |
| | | | Clerk's Office Signature | | |)ato |
| - X | | Recei | | | | Date |
| pproved: | Denied: | , necei | | Fr | . 1 | 907 105 |
| JU | ulaulau | | | | at: 1.156788 I BIBDICK | 35,00 |
| Police Chief's Signature | Date | | | Apr 1 | 3, 2024 3:39 | PM |
| | Date | | | | | |



CITY OF EVANSVILLE CITY CLERK'S OFFICE

| 31 S. Madison St, PO | BOX 52 | 29: Evansville. W | T 535 | 36 | | |
|--|--------------------------|-------------------------------|------------|----------------------|----------------------------|----------------|
| | | s License: \$35.00 | Т | | nal License: | \$15.00 |
| NOTE: APPLICATION FEE WILL NOT | BE REFUN | DED IF DENIED OR WIT | HDRAV | VNI | | |
| A Police check will be completed. Please read carefully and answer honestly. Fals | ification an | d/or misrepresentation ma | ay he as | ounds for doni- | al of license/pern | nit. Applicant |
| a composition a composition period from date of denial. If you have any doubt as t | in whether: | to include the facts of a see | cific Inci | والمحاجزة أفا فحماما | | |
| I morrisdiction in you are unsure about now to respond to any questions on this form | i. check with | the City Clerk for clarificat | ion Vau | can obtain info | | |
| and conviction record from the police department and/or the court https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensi | with which | 1 Vou interacted or th | ne Wisc | consin Circuit | Court Access | website at: |
| | ve list of all | arrests/convictions). | | | | |
| 1. LEGAL NAME: Clizabeth Ann | | Oliv | DA | TE OF BIRTH: | | S 4 |
| First | | Last | | | | |
| ADDRESS: | | | PH | ONE: | | |
| CITY: Janes VILLE STATE: WI | | - G2C/15- | | | | - |
| STATE: COL | | ZIP: 5.3545 | GE | NDER: Ma | le Fem | ale |
| Driver's License No.: | | Issuing State: LO | T | | | |
| HOW LONG HAVE YOU LINED AT ADDRESS OF THE SECOND | | | | | | |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 2 Year | | Former Name(s): | | | | |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To | City | State | | Zip | From | To |
| () in Ui. | Orford | wille WT | 53 | 676 | 01/01/1981 | 4/ |
| | 01.010 | WILL WILL | 000 | OTO | 101/1980 | 4/01/2 |
| | | | | | | |
| ARREST AND ((Anywhere within the | CONVICTION TO United St | ON RECORD rates of America). | • | | | |
| 2. Have you ever been cited and/or convicted of a felony? | | | | Yes | | |
| 3. Have you ever been cited and/or convicted of a misdemeanor? | | | | | | No |
| | T. STRYL | | | Yes | | (No) |
| 4. Within the past ten (10) years, have you been arrested for, received a summons a) Any underage alcohol violation? | to appear | in court for, or forfeited a | bond fo | r any of the foll | owing: | |
| b) Operating a motor vehicle while intoxicated? | | | | Yes | | (No) |
| c) Selling or furnishing alcoholic beverages to underage person? | | | | Yes | | (No) |
| d) Permitting underage person on licensed premises? | | | | Yes | | No |
| e) Allowing persons on licensed premises after closing? | | | _ | Yes | | No |
| f) Any alcohol related violation other than a, b, c, d, and e? | | | | Yes | | (No) |
| g) Sale of legal or illegal drugs to include prescription medications or possession of | any illegal c | Trues to include prescription | n | Yes | | (No) |
| medications not prescribed to you? | , | Ba to morage prescription | •• | Yes | | No |
| h) Fighting, disorderly conduct, assault, or battery? | | | | Yes | | (No) |
| i) Resisting arrest, interfering with a police officer or obstructing an officer? | | | | Yes | | (No) |
| j) Any crime or ordinance violation not listed above other than traffic or parking tick | kets? | | | Ves | | No |
| 5. For each YES response above, you must identify all violations below. Attach add | itional shee | ets if necessary or continue | on the | back of this ap | olication. | |
| TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE | | MONTH/YEAR | | CIT | | STATE |
| | | | | | - | JIMIL |
| | - | | | - | | |
| | | | | | | |
| many at a second | | | | | | |
| Within the last two (2) years, did you have and/or complete one of the following | g: | Attach certificate of comp | letion fo | or Responsible | Alcohol Servers (| Course |
| Successfully completed a Responsible Alcohol Servers Course | | | | retail alcohol lie | | |
| Held an Operator's License issued in Wisconsin | | | | retail alcohol lic | | |
| . CERTIFICATION: I do hereby swear, under genalty of perjury, that I am the pers | on who ma | ada and signed the forces | | antine for | | and 45-4-11 |
| | | | | | | |
| The application industrially, i diluci statio that this application may no nonic | PA IF IF COATS | anc any talcification and th | التبيدا هو | | and a second of the second | |
| o further agree to comply with all laws, resolutions, ordinances, and regulations, fed | deral, state | or local affecting the sale o | f fermer | nted malt bever | rages and intoxica | iting liquors. |
| ignature: Clingbeth a Olin | E | 9. 1 | | | - | Univ |
| EN LILLA GI | Emai | | | | | r () - M |
| rinted Name: Elizabeth It, Olin | Date | 4/20/24 | | 9 | 0 | |
| | | | | | | |
| FOR MUNICIPALITY U | ISE ONLY B | ELOW THIS LINE | | | | |
| lice Department Recommendation and Comments: | | Safety Committee: | | | | |
| | Appro | ved: Den | led: | |)ate: | |
| | - | | | | | |
| | | Clerk's Office Signature | | - | D-4- | |
| <u> </u> | | | | | Date | - 1 |
| mark Al . | Receip | ot# | | | | |
| Denied: | | | | | | |
| VII/I 1/1761710 | | | | | | |
| 2011 00 | | | | | | |
| Police Chief's Signature Date | | | | | | |

Form

Alcohol Beverage License

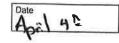
| Municipality | Municipal | r | 11 |
|--------------|-----------|------|-----|
| University | | nsvi | lle |
| COY | ated | 2001 | IM |

| AB-200 | | Application | | | License Period | | ns | |
|---|--|--|-----------------|-------------------------------|---|----------------|--------|-------|
| License(s) Reques | tad: /up to hus house | | | | Prorat | ed | de | 12 |
| Class "A" Bass | ted: (up to two boxes ma | y be checked) | | | Fee | s | | _ |
| | | 🗖 Class "B" Beer | | License I | Fees | \$ | 15 | 0 |
| | | K "Class B" Liquor | \$ 500 | Backgrou | and Check Fee | - | 1) | • |
| Class A" Liquor (d | cider only) \$ | Reserve "Class B" Liquor | \$ | | | 3 | | _ |
| ☐ "Class C" Liquor (v | wine only) \$ | | | Publication | on Fee | \$ | 15. | 0 |
| | | | | Total Fee | 15 | \$ (| 90. | 00 |
| Part A: Premises | /Business Informatio | n | | | | | | |
| . Legal Business Nam | e (individual name if sole pro | pprietorship) | | | | | | |
| 139 E | AST MAIN | V STREET L | C. | | | | | |
| Business Trade Nam | reek Coffee | | | | | | | |
| A STATE | | 4. Wiscon | nsin Seller's P | ermit Number | | | | _ |
| Entity Type (check on | 136271 | | 6-103 | | | 1 | | |
| Sole Proprieto | | | | | 10 .0 | | | |
| State of Organization | | Limited Liability Compan | ly C | orporation | ☐ Nonpro | fit Org | anizat | ion |
| Wiscons | iN | | | 8. Wisconsi | n DFI Registratio | on Nun | ber | |
| Premises Address | | August 2022 | | | | | | |
| 15+ E/ | AST MAIN | STREET | | | | | | |
| Evansui | J. L. | | | 11. State | 12. Zip Code | | | _ |
| . County | | 14. Governing Municipality: 🖼 s | | WI | 535. | _ | | |
| Rock | | 14. Governing Municipality: 🗖 of: | ity [Town | Village | 15. Aldermanic | Distric | t | |
| Premises Phone | | 17, Premises Email | | 18. Web | site N/A | | | |
| 08-882-1 | 248 | Alencreek coff uildings where alcohol beverages actuding living quarters. Authorized | rec House | | S = 50 | | | |
| Retail space Mailing Address (if diffi | described in this application in the Apartment of the Apartment of the sales in the | Altach a map or diagram and add | ditional sheets | if necessary. | and storage of A Stond mult Floor | record A Co | s may | occ |
| 30mm City | | | | 22. State | 23. Zip Code | | | |
| t B: Questions | | | | | 00de | | | |
| | , | | | | - | | | |
| | | ship, limited liability company, ces? Exclude traffic offenses u | niess related | on) been co I to alcohol I | nvicted of | Yes | K | N |
| yes, hat the details | of violation below. Attach | additional sheets if necessary | <i>t</i> . | | | | . 5 | 1.414 |
| Ordinance Violated | | Location | | Trial | Date | | | _ |
| ty Imposed | | | | | | | | |
| | | | Was sente | nce comple | ted? | Yes | | No |
| Ordinance Violated | | Location | - | | Date | | | |
| ty Imposed | | | | | | | | |
| .,iposou | | | Mas sonto | DOD 00==1-1 | 242 | 7 | | |
| N 03-24) | | | Mas selle | nce complet | ed? | _ Yes | | No |

| 2 0 | | | |
|--|---|---|--------------------------------|
| | pending against the business? Exclude traff | | |
| If yes, describe the nature an | d status of pending charges using the space | below. Attach additional shee | ets as needed. |
| | | | |
| Is the applicant business or a individuals or entities a restrict of the page of the page. | ny of its officers, directors, members, agent cted investor with any interest in an alcohol e restricted investor and describe the nature | , employees, owners, or othe beverage producer or distribi | er related |
| your provide the hame of the | e restricted investor and describe the nature | e of the interest. | 130 [[2] 110 |
| A is the applicant has | | | |
| · · · · · · · · · · · · · · · · · · · | ed by another business entity? d FEIN(s) of the business entity owners below | Attach additional sheets as | needed. |
| 4a. Name of Business Entity | 4b. Busines | ss Entity FEIN | |
| Have the partners, agent, or so this license period? Submit pro | ole proprietor satisfied the responsible bevera | age server training requireme | nt for |
| 2. 12 the applicant pusiness indep | ted to any wholesaler beyond 15 days for he | er or 30 days for liquar/wine? | |
| - Boes the applicant business of | ve past due municipal property taxes, assess | sments, or other fees? | Yes No |
| Part C: Individual Information | n | | |
| nanagers, and agent of a limited liabil | r for each person or entity holding the following po directors, and agent of a corporation or nonprofit ity company. Attach additional sheets if necessary. | organization, all partners of a par | rtnership, and all members, |
| ast Name | isted below. Corporations and LLCs must appoin First Name | t an agent by including Form AB- Title | T |
| Hanna | TAWFICK (Tommy) | OWNER / marger | Phone 608-219-4955 |
| HANNA | Simon | Manger | 68-334-0938 |
| | | ranger | 334 0138 |
| art D: Attestation | | | |
| ne of the following must sign and | attest to this application: | | |
| sole proprietor one | general partner of a partnership • one | corporate officer • one | member of an LLC |
| EAD CAREFULLY BEFORE SIGNING acting solely on behalf of the apple | G: Under penalty of law, I have answered each of icant business and not on behalf of any other indital the license(s), if granted will not be assigned to | f the above questions completel | y and truthfully. I agree that |
| cording to the law, including but not | imited to purphasing clashed be assigned to | another individual or entity, I ag | ree to operate this business |
| ocation of this license. Lunderstand | that any lineago include and the tall of the angle | inspection. Such refusal is a mi | sdemeanor and grounds for |
| derstand that I may be prosecuted to | submitting false statements and area as | apter 125 shall be void under p | enalty of state law. I further |
| st Name | on on this application may be required to forfeit r | ot more than \$1,000 if convicted | |
| HANNA | TAWFick | (Tomme) | M.I. |
| DWNER / Manage | Jemmyhanna | () | Phone 688-219-4955 |
| mature (A) | 7 | Date | M 14 |
| rt E: For Clerk Use Only | | ubui di | 7001 |
| e Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| nature of Clerk/Deputy Clerk | | Date Provisional Lic | ense Issued (if applicable) |
| | | | |

Form AB-100

Alcohol Beverage Individual Questionnaire



All individuals involved in the alcohol beverage business must complete this form, including:

- sale proprietor
- · all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted

| Line 4 | A. D | | | | | | |
|---|---|--|-------------------------------|---|----------------------|---|--|
| | A: Business Inform | | | | | | |
| 1. Leg | al Business Name (individ | | 1.41 | | | | |
| \perp | 39 East m | ain Stn | eet LI | LC | | | |
| 2. Bus | siness Trade Name or DB | Α | , | | | | |
| A | len Creek | Coffre | touce | _ | | | |
| 3. Ent | ity Type (check one) | | | | | | |
| | Sole Proprietor | Partnership | Limite | ed Liability Comp | anv ☐ Corp | oration | Nonprofit Organization |
| | | | | | | | Tonpioni Organization |
| Part | B: Individual Inforr | mation | | | | | |
| 1. Las | Name | | | 2. First Name | | | 2 141 |
| 1 | tanna | | | CA107-207-2555 | | | 3. M.I. |
| | itionship to Business Title | 9) | 5. Email | | MON | | W\ |
| | 1 | 75 | | | ~ ~ | | 3. Phone |
| 7. Horr | ne Address | ange | Swy | hanna7t | agmail. | com | 208-334-293 |
| | 11 = 3 1 | am Rd | - | | 1975 | | |
| 8. City | 11.11 | | | 9. State | 10. Zip Code | 1 | 1. Date of Birth |
| | Wilton | | | 427 | 5351 | 3 | 9-20-1970 |
| 12. Dri | vers License/State ID Nur | | | 100 | 13. Drivers Lice | nse/State ID State | |
| H | 500-7937 | -0340-1 | 20 | | WI | - John January | OT TOBUGING |
| | | | <u></u> | | w. | | |
| | | | | | | | |
| Part (| C: Address History | | | | | | |
| 1. Do : | C: Address History you currently reside in es to 1 above, how long | Wisconsin? | | | | | Years Months |
| 1. Doy | you currently reside in | Wisconsin? | uously lived | in Wisconsin pri | or to the date of ap | oplication? | Years Months |
| 1. Do y If ye 2. List | you currently reside in | Wisconsin? | uously lived | in Wisconsin prio | or to the date of ap | oplication? | Years Months 9 |
| 1. Do y If ye 2. List | you currently reside in es to 1 above, how long in chronological order s Address 1 | Wisconsin? g have you contin | uously lived | in Wisconsin pri | or to the date of ap | oplication? | Years Months 9 |
| 1. Do y If ye 2. List Previou | in chronological order s Address 1 | Wisconsin? g have you contin | uously lived | in Wisconsin prione last 5 years. A | or to the date of ap | pplication? | Years Months 9 Zip Code 53.56.3 |
| 1. Do y If ye 2. List Previou | you currently reside in es to 1 above, how long in chronological order s Address 1 | Wisconsin? g have you contin | uously lived | in Wisconsin prio | or to the date of ap | oplication? | Years Months 9 |
| 1. Doy If ye 2. List Previou | in chronological order s Address 1 | Wisconsin? g have you contin | uously lived | in Wisconsin prione last 5 years. A | or to the date of ap | pplication? | Years Months 9 Zip Code 53.56.3 |
| 1. Doy If ye 2. List Previous Previous | in chronological order s Address 1 Address 2 Address 3 | Wisconsin? g have you contin | uously lived | in Wisconsin prione last 5 years. A City City City | or to the date of ap | splication? | Years Months 9 Zip Code S3 S6 3 Zip Code |
| If yes List Previou Previou Previou | in chronological order s Address 1 | Wisconsin? g have you contin | uously lived | in Wisconsin priore last 5 years. A | or to the date of ap | splication? | Years Months 9 Zip Code S3 S6 3 Zip Code |
| 1. Do y If ye 2. List Previou Previous Previous | in chronological order s Address 1 Address 2 s Address 3 s Address 4 | Wisconsin? g have you contin | uously lived | in Wisconsin prione last 5 years. A City City City | or to the date of ap | seets if necessary State State State | Years Months 9 Zip Code S3 S6 3 Zip Code |
| If ye If ye 2. List Previou Previous Previous | in chronological order s Address 1 Address 2 Address 3 | Wisconsin? g have you contin | uously lived | in Wisconsin prione last 5 years. A City City City | or to the date of ap | seets if necessary State State State | Years Months 9 Zip Code S3 S6 3 Zip Code |
| 1. Do y If ye 2. List Previou Previous Previous | in chronological order s Address 1 Address 2 s Address 3 s Address 4 | Wisconsin? g have you contin | uously lived | in Wisconsin pride last 5 years. A City City City | or to the date of ap | State State State State State | Years Months 9 Zip Code S3S63 Zip Code Zip Code |
| If ye If ye 2. List Previous Previous Previous Previous | in chronological order s Address 1 Address 2 s Address 3 s Address 4 s Address 5 | Wisconsin?g have you contin | uously lived | in Wisconsin priority City City City City City City City City | or to the date of ap | State State State State State State State | Years Months 9 Zip Code S3S63 Zip Code Zip Code |
| If ye If ye 2. List Previous Previous Previous Previous Revious Revious Revious Revious Revious Revious | in chronological order s Address 1 Address 2 s Address 3 s Address 4 | Wisconsin?g have you conting all of your address when the second s | uously lived ses within th | in Wisconsin priore last 5 years. A City City City City City | ttach additional sh | State State State State State State State | Years Months 9 Zip Code S3S63 Zip Code Zip Code Zip Code |
| If ye If ye 2. List Previous Previous Previous Previous Revious Revious Revious Revious Revious Revious Revious Revious Revious Revious | you currently reside in as to 1 above, how long in chronological order s Address 1 Address 2 s Address 3 s Address 4 s Address 5 all states and counties | wisconsin?g have you conting all of your address where the second state of the s | uously lived ses within th | in Wisconsin priority City City City City City City City City | or to the date of ap | State State State State State State State | Years Months 9 Zip Code S3S63 Zip Code Zip Code |
| If ye If ye 2. List Previous Previous Previous Previous Revious Revious Revious Revious Revious Revious Revious Revious Revious Revious | you currently reside in as to 1 above, how long in chronological order s Address 1 Address 2 s Address 3 s Address 4 s Address 5 all states and counties | Wisconsin?g have you conting all of your address when the second s | as an adult. | in Wisconsin priore last 5 years. A City City City City City | ttach additional sh | State State State State State State State | Years Months 9 Zip Code S3S63 Zip Code Zip Code Zip Code |

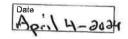
| Part D: Criminal History | | | |
|--|---|--|-----------------------|
| Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state) | e's laws or of any count | y or municipal ordinances? | Yes No |
| If yes to question 1, please list details of each conviction | on below. Attach addition | onal sheets as needed. | |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence completed? | . 🗌 Yes 🗌 No |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | • | Was sentence completed? | . Yes No |
| Law/Ordinance Violated | Location | -, | Conviction Date |
| Penalty Imposed | 11. | Was sentence completed? | Yes No |
| Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or ordinances? | another state's laws or | any county or municipal | . Yes No |
| | | F. E | |
| Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under pena | alty of law, I have ans | wered each of the above quest | ions completely and |
| truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understart under penalty of state law. I further understand that I mount that application, and that any person who knowing to forfeit not more than \$1,000 if convicted. | pating in this business nd that any license iss ay be prosecuted for su | due to any involvement in anoth ued contrary to Wis. Stat. Chap ibmitting false statements and aff | ter 125 shall be void |
| Signature Active | | 18114Z | 024 |

- 2 -

Form

AB-100

Alcohol Beverage Individual Questionnaire



All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

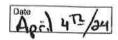
| DAVI I DO I | ormation | | | | | | |
|---|--|---------------------|--|--|---|---|------------|
| 1. Legal Business Name (in | idividual name | if sole proprietor) | | | | | |
| 139 EAST | MAI | N STRE | ET LLC | ~ | | | |
| 2. Business Trade Name or | DBA | | | | | | |
| Allen C | reeks | COFFEEH | touse | | | | |
| 3. Entity Type (check one) | | | | | | | |
| Sole Proprietor | Partner | rship 🔼 Li | imited Liability Co | mpany 🗀 Co | prporation [| Nonneafit | |
| | | | | 1 2 6 | "Portation" | Nonprofit O | rganizatii |
| Part B: Individual Inf | ormation | | | | | | |
| 1. Last Name | | | 2. First Na | me | | | |
| HANN | Α | | - | - 4 | | | 3. M.I. |
| . Relationship to Business (| Title) | 5. Ema | n I A | wtick 18 | mmy) | | W |
| f1 / | | . J. Elli | 17 | ٦. | 4 1 | 6. Phone | |
| . Home Address | anager | | 10mmy na | wFick (To nna71@g | mail . com | 608-210 | -493 |
| 3018 Mar | de Gr | | | , | | | |
| City | VIC CA | we Dr. | | | | | |
| Madison | | | 9. Stat | 10.735.50 | | Date of Bir | th |
| 2. Drivers License/State ID I | Number | | WI | | | Dec. 10 | -197 |
| H500-813 | | | | | cense/State ID State | of Issuance | |
| 11 100 81 | 2 -1-1. | 150 -00 | | _ Wisc | wizwo. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | - 1 |
| Do you currently reside | in Wisconsin | | | | | Years | |
| Do you currently reside If yes to 1 above, how to | in Wisconsin | continuously liv | ed in Wisconsin p | rior to the date of a | application? | Years | |
| Do you currently reside If yes to 1 above, how to List in chronological orde | in Wisconsin | continuously liv | ed in Wisconsin p | rior to the date of a | application? | Years | Months |
| Do you currently reside If yes to 1 above, how to List in chronological orde | in Wisconsin | continuously liv | n the last 5 years. | rior to the date of a | application? | Years 52 y. | Months |
| Do you currently reside If yes to 1 above, how to List in chronological orde evious Address 1 | in Wisconsin | continuously liv | n the last 5 years. | rior to the date of a | sheets if necessar | Years 52 y. Zip Code | Months |
| Do you currently reside If yes to 1 above, how to List in chronological order evious Address 1 | in Wisconsin | continuously liv | n the last 5 years. | rior to the date of a | sheets if necessar State | Years 52 y. Zip Code 537 | Months 9 |
| Do you currently reside If yes to 1 above, how to List in chronological order evious Address 1 Bolf Maple vious Address 2 | in Wisconsin | continuously liv | n the last 5 years. City | rior to the date of a | sheets if necessar | Years 52 y. Zip Code | Months 9 |
| Do you currently reside If yes to 1 above, how to List in chronological order evious Address 1 Bolf Maple vious Address 2 | in Wisconsin | continuously liv | n the last 5 years. City | rior to the date of a | sheets if necessar State UX State | Years 52 y. Zip Code Zip Code | Months 9 |
| Do you currently reside If yes to 1 above, how to List in chronological order vious Address 1 O 18 Maple vious Address 2 | in Wisconsin | continuously liv | n the last 5 years. City City | rior to the date of a | sheets if necessar State | Years 52 y. Zip Code 537 | Months 9 |
| Do you currently reside If yes to 1 above, how to List in chronological order vious Address 1 3018 Maple vious Address 2 | in Wisconsin | continuously liv | n the last 5 years. City City City City | rior to the date of a | sheets if necessar State UX State State | Years 53 y. Zip Code Zip Code Zip Code | Months 9 |
| Do you currently reside If yes to 1 above, how to List in chronological order vious Address 1 3018 Maple vious Address 2 | in Wisconsin | continuously liv | n the last 5 years. City City | rior to the date of a | sheets if necessar State UX State | Years 52 y. Zip Code Zip Code | Months |
| Do you currently reside If yes to 1 above, how to List in chronological order vious Address 1 Vious Address 2 vious Address 3 | in Wisconsin | continuously liv | n the last 5 years. City City City City | rior to the date of a | sheets if necessar State UT State State State State | Years 52 y. Zip Code Zip Code Zip Code | Months |
| Do you currently reside If yes to 1 above, how to List in chronological order vious Address 1 Vious Address 2 vious Address 3 | in Wisconsin | continuously liv | n the last 5 years. City City City City | rior to the date of a | sheets if necessar State UX State State | Years 53 y. Zip Code Zip Code Zip Code | Months |
| Do you currently reside If yes to 1 above, how to List in chronological order vious Address 1 Vious Address 3 vious Address 4 vious Address 5 | in Wisconsin | continuously liv | n the last 5 years. City City City City City | rior to the date of a Attach additional s | sheets if necessar State UX State State State State State State | Years 52 y. Zip Code Zip Code Zip Code | Months 9 |
| Do you currently reside If yes to 1 above, how to List in chronological order 2018 Maple vious Address 1 vious Address 3 vious Address 4 vious Address 5 ist all states and countie | in Wisconsin | continuously liv | n the last 5 years. City City City City City | rior to the date of a Attach additional s | sheets if necessar State UX State State State State State State | Years 52 y. Zip Code Zip Code Zip Code | Months 9 |
| Do you currently reside If yes to 1 above, how to List in chronological order 2018 Maple vious Address 1 vious Address 3 vious Address 4 vious Address 5 ist all states and counties County | in Wisconsin | continuously liv | red in Wisconsin point the last 5 years. City City City City City City ult. Attach addition | Attach additional s | sheets if necessar State State | Years 52 y. Zip Code Zip Code Zip Code Zip Code | Months 9 |
| If yes to 1 above, how to List in chronological orde evious Address 1 evious Address 2 evious Address 3 vious Address 4 vious Address 5 List all states and countie e County | in Wisconsin ong have you er all of your Covorce S you have li | continuously liv | n the last 5 years. City City City City City | rior to the date of a Attach additional s | sheets if necessar State UX State State State State State State | Years 52 y. Zip Code Zip Code Zip Code | Months 9 |
| List in chronological order 2018 Maple Evious Address 2 Evious Address 3 Evious Address 4 Vious Address 5 List all states and countie | in Wisconsin ong have you er all of your Covorce S you have li | continuously liv | red in Wisconsin point the last 5 years. City City City City City City ult. Attach addition | Attach additional s | sheets if necessar State State | Years 52 y. Zip Code Zip Code Zip Code Zip Code | Months 9 |

| Part D: Criminal History | | | |
|--|--|--|---|
| Have you ever been convicted of any off for violation of any federal, Wisconsin, o | fenses (excluding traffic offense | s unless related to alcohol beverage | |
| If yes to question 1, please list details of | each conviction below Attack | county or municipal ordinances? | Yes 💹 |
| Law/Ordinance Violated | Location | additional sheets as needed. | |
| | Location | | Conviction Date |
| Penalty Imposed | | | |
| | | Was sentence completed? | · · · · · · · Yes · · · |
| aw/Ordinance Violated | Location | | Conviction Date |
| | | | COUNCION Date |
| enalty Imposed | | | |
| | | Was sentence completed? | · · · · · Yes |
| aw/Ordinance Violated | Location | | Conviction Date |
| enalty Imposed | | | 1 |
| many imposed | | 10/50 | |
| | | Was sentence completed? | |
| ordinances? | * | | Yes Xin |
| ordinances? | * | | Yes 💢 N |
| Are charges for any offenses currently pe beverages) for violation of any federal, Wiordinances? | status of pending charges using the status of pending charges using the status of law, I have an arrow participating in this business understand that any license is | g the space below. Attach additions g the space below. Attach addi | ons completely and in tier of the alcohol |

Form

AB-101

Alcohol Beverage Appointment of Agent



| Agent Type (check one) | | | | | |
|--|--|------------------|------------------------------------|---------------------------------------|-----------|
| Original (no fee) | ☐ Successor (\$10 fee for | r municipal lice | ensees only) | | |
| | | | oneda only) | | |
| Part A: Business Inforn | | | | | |
| Legal Business Name (individ | C NAME OF THE PARTY OF THE PART | 750 | | | |
| . Business Trade Name or DBA | MAIN STRE | ET U | -c. | | |
| Atlen Cree Enlity Type (check one) | K Coffeethous | e | | | |
| (1.50) | Limited Liability Compa | iny [| Corporation | Nonprofit Organizat | ion |
| Alcohol Beverage Business Al Municipal Retail Lice | | | or agent, provide State Permit | or Municipal Retall Lice | nse Numbe |
| rt B: Agent Informatio | n | lo e un | | | |
| HANNA | | 2. First Name | Fick (Tommy) | 3 | . M.I. |
| Email \ | (2) | | | 5. Phone | V 4/ |
| | 4 | | | | 711 |
| ome Address | legmail.com | | | 608-219- | 4955 |
| 3018 made | Grove Dr. | | | 608-219- | 4955 |
| 3018 maple | <u> </u> | 8. State | 9. Zip Code | 668-219- | 4955 |
| 3018 Maple ity Madison Drivers License/State ID Numb | Grave Dr. | 8. State | 53919 | 10. Age | 4955 |
| 3018 Maple ity Mad Son Drivers License/State ID Numb | Grove Dr. | 1 8 5 | - Carlotter Carlo | 10. Age | 4955 |
| 3018 Maple ity Madison Drivers License/State ID Numb | Grave Dr. | 1 8 5 | 53919 | 10. Age | 4955 |
| 3018 Maple Madison Drivers License/State ID Numb H500 - 813 | Grave Dr. | 1 8 5 | 53919 | 10. Age | 4955 |
| 3018 Maple Madison Drivers License/State ID Numb H500 - 813 t C: Agent Questions lave you satisfied the resp | Grave Dr., Der 37-1450-60 Consible beverage server training | MI | 53919 12. Drivers License/State | 10. Age 53 ID State of Issuance | |
| The state of the respublish proof of completion. The state of the respublish proof of completion. | Grave Dr., Der 137 - 1450 - 60 Consible beverage server training | ng requireme | 53919 12. Drivers License/State | 10. Age 5.2 ID State of Issuance | s No |
| The C: Agent Questions and proof of completion. The completed Form A submit a a su | Grave Dr, Der B 7 - 1450 - 60 Consible beverage server training AB-100, Alcohol Beverage Inc. B-100 with this form. | ng requireme | 53919 12. Drivers License/State | 10. Age 5.2 ID State of Issuance Yes | s No |

| Part D: Business Attestation | | |
|---|--|---|
| beverage activities on such premises. I on behalf of the entity. If I am appointing I understand that I may be prosecuted for | certify that I am authorized by the above a successor agent, I rescind all previous or submitting falso statements are set of the submitting falso statements. | ve-named individual to act for the above-named y and control of the premises and of all alcohol e-named entity to authorize this individual to act is agent appointments for this premises. Further, vits in connection with this application, and that a may be required to forfeit not more than \$1,000 |
| Last Name HANNA Title | First Name JAWFile | (Tomme) M.I. |
| Signature / Manager | Tommy harma H | e gmail com 608- 219-495 |
| Part E: Agent Attestation | | |
| READ CAREFULLY BEFORE SIGNING: I nonprofit organization, or limited liability or on the premises for the above-named by | siness. I further understand that I may t | ent as agent for the above-named corporation, or the conduct of all alcohol beverage activities be prosecuted for submitting false statements gly provides materially false information on this |
| ast Name H ignature | First Name JAw Fick | (Tommy) M.I. |



City of Evansville

www.evansvillewi.gov

Phone: 608-882-2266 Fax: 608-882-2282 RE: Background Checks: Establishment License 31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

| Establishment | Agent | | | Police Department Review | | |
|-------------------------|--------------------|-------|------------|--------------------------|-----------------------------|-------|
| DBA | First | Last | DOB | Date | Approve/Deny w/ Initials | Notes |
| Allen Creek coffeehouse | TawFick (Tommy) | Hanna | 12/10/1971 | 4/12/24 | M | |
| | Simon | Hanna | 09/20/1970 | 4/12/24 | IL | |

CITY OF EVANSVILLE INSPECTION REPORT

(License Application)

Business Name: Allen Creek Coffeehouse

Business Address: 137 East Main Street, Evansville, WI, Evansville, WI, 53536

Agent/Manager/Owner: Tawfick (Tommy) Hanna

| POLIC | E OFFICER NAME: | DATE: | | |
|-------|---|-------|----|--|
| 1. | Is the current alcohol license properly posted? | Yes | No | |
| 2. | Is Agent listed on the license on premise? | Yes | No | |
| 3. | Does the operator have a valid license? | Yes | No | |
| 4. | Cigarettes being sold over the counter? | Yes | No | |
| 5. | Number of game machines | | | |
| 6. | Was a current Wisconsin Sellers' Permit posted? | Yes | No | |
| 7. | Were the following licenses current and posted: | | | |

| Type of License | Description of License | (Circle one) | | |
|--------------------------|------------------------|--------------|----|--|
| Class "B" Beer | Beer | Yes | No | |
| "Class B" Liquor License | Liquor | Yes | No | |
| - Nr | | Yes | No | |
| | | Yes | No | |
| | | Yes | No | |

| BUILDING INSPECTOR: | DATE: |
|--|--|
| In accordance with Chapter 18 of the Municipal Co | ode, were Building Codes maintained?Yes No |
| Remarks | |
| | |
| FIRE INSPECTOR: Zach Busses | DATE: 04-15 - 2024 |
| In accordance with Chapter 50 of the Municipal Co | ode, were Fire Codes maintained? <u>Y</u> Yes No |
| Remarks | |
| | |
| | |
| The (please circle one) Fire / Police / Building Ins ApprovalDenial of the license | spector / has inspected the premises and recommends application. |
| If applicable, this license is recommended subject | to the following conditions: |
| | |
| Frehals Buss | 4-10-24 |
| Inspector Signature | Date of Inspection |



FIRE INSPECTION REPORT CORRECTION ORDER



| 127511 | | Λ.11 | 3/2 | - Sycothan |
|--|--|---|----------------------------------|---|
| 137 E Main 5+ LOCATION (Legal address of building) | | MILLAC | reck | Cafc nt / building owner / owner's representative) |
| _ U - Lo - 2 \ | | NAME (Business or | wner / occupa | nt / building owner / owner's representative) |
| INSPECTION DATE OCCUPANG | | MAILING ADDRES | | |
| COMPLIANCE DATE Violations marked below for corrective | ve action | Evansul1 | | WI 53536 |
| * \$101.14 Wisconsin Statutes constitutes every Fire Chief a design | | partment of Safety & Profess | ional Services, and | STATE ZIP CODE d requires the chief or appointed inspectors to make inspections |
| SPS 314 and NFPA 1 | ected any conditions i | able to cause life, or any viol | ation of any law or | local ordinance relating to fire hazards or prevention of fires per |
| Fire lanes marked/unobstructed 18.2.3.5.1 | ☐ Aisle width main | STORAGE (continued) tained 34. | 7.3.3.1, 34.7.3.3.2 | SPRINKLER SYSTEMS (continued) Properly serviced & maintained 13.3.3.1 |
| Address visible from roadway 10.12.1.1 Fire Hydrant(s) accessible 18.5.2 | Oily rags, proper | rly stored/disposed ste material properly stored | 16.2.2.3 | Heads in good condition 13.3.3.5.1.8 |
| Fire Hydrant clear space 36" 18.5.3 | FLAM | MABLE/COMBUSTIBLE LIQU | 19.1.2, 19.1.3 JIDS | ☐ Wrench/spare heads present 13.3.3.5.1 ☐ Central station monitoring provided 13.3.1.7.1 |
| Combustible accumulation 10.19.1, 19.2 Gas meter/piping protected 11.4.2, 60.5.1.9 | Proper storage/d | lispensing | 66.18 | Last Date inspected, tested: |
| ☐ FD connections visible/condition | Adequate ventila | tion | 66 6 5 4 1 66.9 14 | FIRE ALARM EQUIPMENT Smoke/Heat detectors properly maintained 13.7.1.2 |
| caps/OK, Post Indicator Valve/OK 13.1.3, 13.1.4 Lock box/Current keys 18.2.2.1 | Proper electrical | equipment/wiring MECHANICAL, HVAC EQUIP | 66.7.3.1 | Pull stations properly maintained 13.7.1.4.8.3 |
| Exits clear 14.4.1 | | nces from appliances | 34.4.2.4 | Alarm equipment serviced/maintained 13.7.4.4.1 Tests/drills conducted 13.7.1.4.3, 13.7.3.1.1.2 |
| EXIT FEATURES Exits, aisles & corridors free of obstructions 14.4.1 | Clean ducts & fill | ers FIRE EXTINGUISHERS | 4.5.8 | Date inspected, tested: |
| Exit hardware proper/operational 14.5.3.4.1 | Readily accessib | le/suitable location 13.6.8.1. | 3.1, 13,6,8,1,3,2 | Carbon monoxide alarms (R occupancies) ss. 101.149 OTHER FIRE PROTECTION EQUIPMENT |
| Exit corridors/stairways protected 14.2 | ☐Proper type ☐Routine inspection | n & labelling | 6.7.1, 13.6.8.1.1 13.6.9.2.12 | Standpipe/hose condition good 13.2.3.1 |
| Emergency lighting present & operational 14.13.1.1 | ☐ Visible, no obstruction | ction | 13.6.8.1.3.3.1 | Hood extinguishing system-fuel shutoff present 50.4.6.1 Hood extinguishing system serviced 50.5.2.3 |
| BUILDING FEATURES | Properly serviced Last Service Date | | 13.6.9.1.1 | Last Date system serviced: |
| Fire separations properly maintained 6 1 14 4 1 12 7 2 1 | | HAZARDOUS MATERIALS | | Hood properly cleaned/maintained 50.5,6.1 Cooking equipment maintenance 50.5.7.1 |
| Structural elements properly maintained 10.1.4.1 Rated fire doors operational 12.4, 12.4.6 | □ Proper quantities □ Proper storage/di | enegging 60.4 | 60.1.3.1 1.1, 60.5.1.4.2.2 | ELECTRICAL |
| Last Test date: | □ Proper separation | v/compatibility | 60.5.1.12.1 | ☐ Panels/appliances/fixtures in good condition 11.1.1 ☐ Clear access to electrical panel 11.1.9.2 |
| ☐ Vertical openings properly maintained 4.4.5, 12.4.6.8.1 ☐ Interior finish proper 12.5.3, 12.6 | ☐ Marking/identifica ☐ Compressed gas | tion system (NFPA 704) | 60.5.1.8.2 63.3.1.8.4 | Covers present, condition good 11.1.10 |
| STORAGE | | MISCELLANEOUS | 03.3,1,0.4 | ☐ Overcurrent protection present 11.1.3 ☐ Proper use of wiring, connections & equipment 11.1.2 |
| Combustibles in boiler/mechanical rooms 10 19 5 1 | ☐ No smoking | SPRINKLER SYSTEMS | ss.101.123 | Extension cords used properly, condition good 11,1,7,6 |
| Combustibles under unprotected stairways 10.19.1, 10.19.6 | Controls readily a | ccessible | 13.7.1.4.13 | Power strips, taps, listed & in good condition Photovoltaic system shut-off present, marked 11.12.2.1.1 |
| 10.19.3.1 18" below sprinkler heads 10.19.3.2 | ☐ Valves locked, op | en, or supervised | 13.4.3.1 | Elevator access, operation & testing 11.3.4, 11.3.4.2 Last Test Date: |
| Correction order: Pursuant to section 101 14 Wile | State variance | | | |
| Correction order: Pursuant to section 101.14 Wis Right to Appeal: An appeal to any orders must be Petition for Variance: The department may asset to | | | | |
| Petition for Variance: The department may grant a | variance to a pro | ovision of ch. SPS 314 | Wis Admin C | Code in accordance with ch. SPS 303. |
| 5 EXIL 51503 | need | hatter | 1'5 SP | Placed |
| | | | | I. S. L. L. |
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| 211, | | | | |
| | | | | |
| No violations observed during this inspection | n. Uiolatio | ns observed during | his inspectio | on were corrected while inspector on site. |
| A COPY OF THIS NOTICE | E WILL BE KEPT ON | FILE IN THE OFFICE OF THE | FIRE INSPECTOR | FOR EURTHER ACTION |
| Personal informa | ntion you provide may | be used for secondary purp | oses [Privacy Law | v, s. 15.04 (1)(m)]. |
| WANTED TO THE STATE OF THE STAT | N/F | | Low | ~ buser |
| OWNER/OOCUPANT/AGENTMANAGER REPRESENTAT | IVE | | | INSPECTING OFFICER/FIRE DEPARTMENT |



Temporary Class "B"/ "Class B" Retailer's License Application CITY OF EVANSVILLE CLERK'S OFFICE

| Application Fee: \$10.00 per Licensed Premises APPLICA | | | CATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN | | |
|--|-------------------|------------|--|----------|-----------------------------|
| Number of License | d Premises: | | x \$10.00 = \$ | _ | Total Due |
| License Type: (Check one) | > Beer On | lγ | Wine Only | | Beer & Wine |
| Event Name: BUSINESS | After 5 | Ril | bon cutting | | |
| Event Date: May 30th, 2024 Event Time: 5.000 m. | | | | | |
| Name of Person in Charge of Ever | nt: Sha | wn | Dunphy | 1 | |
| A September 1 and 1 and 1 | | Orga | inization | | AMERICAN STREET |
| Bona fide Club | | hurch | | L | odge/Society |
| Chamber of Commerce/ si Civic or Trade Organization | í F | | /Agricultural Society | | eteran's Organization |
| Organization Name: EVW | nsutile 1 | Area | Chamber of | COM | Merce |
| Address: 26w Mo | Jun Stit | | insville WI | 539 | 536 |
| Date Organized: | If Corporation | , Date of | Incorporation: | | |
| If organization is not required to hold | a Wisconsin Selle | r's Permit | Pursuant to SS 77.54(7m), Wis | Stats., | Check here |
| THE WAY THE PARTY | Names and ad | dresses c | of all Organization Officers: | | the street of the land |
| President/Primary Officer: | bey Ba | unco | 14 W. Ma | un | Evansville |
| Vice President: | vie Os | on | Address E Ma | inst | To Vapolite |
| Secretary: | cole Ru | će_ | Address | | Evansuille |
| Treasurer: | e Speii | Ch_ | Address | | City/State/Zip |
| Location of Premises were Beer and/ | or Wine will be s | | nsumed, or stored and areas v | vhere Al | cohol Beverage Records will |
| Address/Location Description: | 98 S. Wa | | stored: Yect, Evansville w | II | Unit 10 - |
| Do premises occupy all or part of build | ding? Wit | | | | Oq w į |
| f part of building, fully describe all pr | emises covered u | nder this | application, which floor(s) & r | room(s) | licenses is to cover: |
| 1111-10 | | | | | |
| | 7771 6 | | | | |
| | | | | | |
| Declaration: An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000. | | | | | |
| (Darmo | LO TOTTELL HOLL | IOIC HIAII | φ 3,000 . | | |
| (Officer Signature) | (Date) | | (Name | of Oraai | nization) |



Temporary Class "B" / "Class B" Retailer's License AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536 **EVENT DATE: EVENT TIME:** NAME: DATE OF BIRTH: **ADDRESS:** EMAIL: PHONE: Chapter 6 of the Evansville code and the WI Publication 309 (Retail Alcohol Beverage Licensing Information) specifies all the laws and requirements which you are governed by and with which you are responsible for knowing and must comply with. The City Clerk's Office will provide you a copy of this ordinance and the State publication if you desire a copy. This application must be fully completed, and submitted to the City Clerk's Office at 31 S Madison St, Evansville WI 53536, with the required fees. ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY I, the undersigned being duly sworn on oath, affirm that within the last two (2) years have been/or completed one of the following: Successfully completed a responsible Alcohol Servers course Held a Wisconsin Operator's License An Alcohol Agent for a Retail Alcohol License The Sole Proprietor of Retail Alcohol License. I acknowledge I am the responsible party for this event and I agree to obey all the laws which regulate the activities planned for said event. I further acknowledge that I am familiar with or have asked for dopies of such laws. nature of Manager/Person in Charge of event FOR MUNICIPALITY USE ONLY BELOW THIS LINE **Police Chief Recommendation and Comments:** Recommend Non-Recommend Recommend with conditions Police Chief's Signature Date Filed with Clerk: Date License Issued: **Public Safety:** Clerk's Signature: Paid To: City of Evansville **Notes & Receipt Information:** Receipt: 1.454817 SHAWN DUNPHY Apr 23, 2024 1:02 PM

| Additional Licensee Information If additional room is needed for more businesses please attach additional pages. | | | | |
|---|--------------------------|--|--|--|
| | Description of Premises: | | | |
| Business Address: 498 5. Water St. Evancy He W F 53536 Business Owner: Business Owner: A 11 | Michael Mitter B.m. | | | |
| Business Owner: Michael Mettan | Signature: | | | |
| Business Name: | Description of Premises: | | | |
| Business Address: | | | | |
| Business Owner: | Signature; | | | |
| Business Name: | Description of Premises: | | | |
| Business Address: | | | | |
| Business Owner: | Signature: | | | |
| Business Name: | Description of Premises: | | | |
| Business Address: | | | | |
| Business Owner: | Signature: | | | |
| Business Name: | Description of Premises: | | | |
| Business Address: | | | | |
| Business Owner: | Signature: | | | |
| Business Name: | Description of Premises: | | | |
| Business Address: | | | | |
| Business Owner: | Signature: | | | |
| Business Name: | Description of Premises: | | | |
| Business Address: | | | | |
| Business Owner: | Signature: | | | |



Temporary Class "B"/ "Class B" Retailer's License Application CITY OF EVANSVILLE CLERK'S OFFICE

| Application Fee: \$10.00 per Licensed Premises APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITH | | | UNDED IF DENIED OR WITHDRAWN |
|--|------------|---------------------------------|--|
| Number of Licensed Premises: | | x \$10.00 = \$ | Total Due |
| License Type: (Check one) | nly | Wine Only | Beer & Wine |
| Event Name: Ribbon Cuttino | 18 | usiness After 5 | 5 |
| Event Date: May 17, 2024 | | Event Time: 4:3 | Opm. |
| Name of Person in Charge of Event: Sha | | Dunphy | 1. |
| N. S. Bull Committee of the Committee of | Orga | anization | Charles and Call |
| | Church | | Lodge/Society |
| Chamber of Commerce/ similar Civic or Trade Organization | air Assoc | Agricultural Society | Veteran's Organization |
| Organization Name: EVansville | Cha | umber of Co | nmerce |
| Address: 26 Wi Main S | t | 0 | |
| Date Organized: 1970'5 If Corporation | n, Date o | f Incorporation: | ki . |
| If organization is not required to hold a Wisconsin Selle | er's Permi | t Pursuant to SS 77.54(7m), Wis | Stats., Check here |
| | | of all Organization Officers: | |
| President/Primary Officer: Phopen | Barr | 10 | |
| Vice President: | 916br | Address | City/State/Zip |
| Secretary: Name Name | Lice | Address | City/State/Zip |
| Treasurer: Namble Social | h | Address | City/State/Zip |
| Location of Premises were Beer and/or Wine will be | | | City/State/Zip where Alcohol Beverage Records will |
| Address/Location Description: | An in | stored: | |
| Do premises occupy all or part of building? | 100 | Of. | |
| If part of building, fully describe all premises covered | under this | amplication which the day of | |
| part of ballaning, tany describe an premises covered | under tins | application, which floor(s) & r | oom(s) licenses is to cover: |
| | | | |
| | | | |
| Declaration: An officer of the organization, declares un and correct to the best of his/her knowledge and belief application for a license may be required to forfeit not a | . Any pers | on who knowingly provides mai | provided in this application is true terially false information in an |
| (QBarn) | | 7-,-20. | |
| (Officer Signature/Date) | | (Name o | of Organization) |



Temporary Class "B"/ "Class B" Retailer's License AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

| EVENT DATE: May 17,2024 & May 30,208 | V EVENT TIME: 4.30 p.m | | | | | |
|--|--|--|--|--|--|--|
| NAME: Shown Durphy | DATE OF BIRTH: 8/5/69 | | | | | |
| ADDRESS: 213 Maple St | | | | | | |
| EMAIL: dunphys 9/ agmail. Com | PHONE: 608-751-5363 | | | | | |
| Chapter 6 of the Evansville Code and the WI Publication 309 (Retail Alcohol Beverage Licensing Information) specifies all the laws and requirements which you are governed by and with which you are responsible for knowing and must comply with. The City Clerk's Office will provide you a copy of this ordinance and the State publication if you desire a copy. This application must be fully completed, and submitted to the City Clerk's Office at 31 S Madison St, Evansville WI 53536, with the required fees. | | | | | | |
| ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PA | ARTY | | | | | |
| I, the undersigned being duly sworn on oath, affirm that within the last two (2) years have been/or completed one of the following: Successfully completed a responsible Alcohol Servers course Held a Wisconsin Operator's License An Alcohol Agent for a Retail Alcohol License The Sole Proprietor of Retail Alcohol License. | | | | | | |
| I acknowledge I am the responsible party for this event and I | agree to obey all the laws which regulate the activities planned | | | | | |
| for said event. I further acknowledge that I am familiar with o | | | | | | |
| Hr as | 4/22/24 | | | | | |
| Signature of N | anager/Person in Charge of event Date | | | | | |
| FOR MUNICIPALITY USE | ONLY BELOW THIS LINE | | | | | |
| Police Chief Recommer | dation and Comments: | | | | | |
| Recommend Non-Recommend | Recommend with conditions | | | | | |
| | | | | | | |
| AUL | 4/75/24 | | | | | |
| Police Chief | 's Signature Date | | | | | |
| Date Filed with Clerk: | Date License Issued: | | | | | |
| Public Safety: | Clerk's Signature: | | | | | |
| | Paid To: | | | | | |
| Notes & Receipt Information: | City of Evansville | | | | | |
| | | | | | | |
| | Recoipt: 1.156017 to.go SHAWN DUMPHY | | | | | |

| Additional Licensee Information If additional room is needed for more businesses please attach additional pages. | | | | |
|---|--------------------------|--|--|--|
| Business Name: | Description of Premises: | | | |
| Expressión Salon Business Address: | Entire building | | | |
| SWI. Main St. Eransuillei | II) 10 NO | | | |
| Business Owner: Alla San Non | Signature Alley Maring | | | |
| Business Name: | Description of Premises: | | | |
| | | | | |
| Business Owner | Signature: | | | |
| Business Name: | Description of Premises: | | | |
| Business Address: | | | | |
| Business Owner: | Signature: | | | |
| Business Name: | Description of Premises: | | | |
| Business Address: | | | | |
| Business Owner: | Signature: | | | |
| Business Name: | Description of Premises: | | | |
| Business Address: | | | | |
| Business Owner: | Signature: | | | |
| Business Name: | Description of Premises: | | | |
| Business Address: | | | | |
| Business Owner: | Signature: | | | |
| Business Name: | Description of Premises: | | | |
| Business Address: | | | | |
| Business Owner: | Signature: | | | |



Evansville Underground Music 104 Garfield Ave. Evansville, WI 53536-1113

April 16, 2024

City of Evansville – Public Safety Committee 31 S. Madison Street, PO Box 76 Evansville, WI 53536

Dear Public Safety Committee:

Evansville Underground Music, Inc. is requesting a Class B Beer License for 23 N. First Street and a Street Closure permit for the block of 23 N. First Street as well for the following dates: 5/24/2024, 6/29/24, 7/20/24 & 8/11/24, 9/28/24 & *10/5/24

*10/5/2024 is a backup date as we solidify our calendar (it will either by 9/28 or 10/5 not both dates).

Please find enclosed:

Application Form
Exhibit A-Evansville Underground Music Officers
Exhibit B-Location of Premises

I will attend the April Public Safety Committee Meeting (or May if it is too late to get on the April Agenda – Please let me know).

If you questions regarding this application, before the next Public Safety Committee Meeting: please call me at 608-213-0797.

Kind regards,

Mark H. Schnepper

President - Evansville Underground Music

Application for Temporary Class "B" / "Class B" Retailer's License

| See Additional Information on reverse side. | Contact the municipal clerk if you | ı have questions. | |
|--|--|---|---|
| FEE S 10 DRI DATE | | Application D | ate: |
| FEE S 10 PC DATE | Evansville | County of | Rock |
| The named organization applies for: (check a) A Temporary Class "B" license to sell ferm A Temporary "Class B" license to sell wine | ented malt beverages at picnics at picnics or similar gatherings | under s. 125.51(10), Wi | s. Stats. |
| at the premises described below during a spe to comply with all laws, resolutions, ordinance and/or wine if the license is granted. | | and ending or local) affecting the sa | and agrees le of fermented malt beverages |
| 1. Organization (check appropriate box) → | Bona fide Club | Church | Lodge/Society |
| | Veteran's Organization Chamber of Commerce of Commerce of Chamber of Commerce of Chamber 181, Wis. State. | Fair Association of similar Civic or Trade | r Agricultural Society Organization organized under |
| (a) Name Evansville Undergrou | | | |
| (b) Address 104 Garfield Ave. | | | |
| (Street) | [_] Town | Village City | |
| (c) Date organized March 11, 2022 | | | |
| (d) If corporation, give date of incorporation | on March 11, 2022 | | |
| (e) If the named organization is not require box: | ed to hold a Wisconsin seller's p | ermit pursuant to s. 77. | 54 (7m), Wis. Stats., check this |
| (f) Names and addresses of all officers: President | | | |
| Vice President | | | |
| Secretary See Exh | iibit A | | |
| Treasurer | | | |
| (g) Name and address of manager or pers Joe Kaether 23 N. First St. | on in charge of affair: Mark Schn | epper 477 W. Main St. | |
| 2. Location of Premises Where Beer and/ Beverage Records Will be Stored: | | , Consumed, or Store | d, and Areas Where Alcohol |
| (a) Street number Served- 23 N. First Street | eet Stored 477 W. Main St. | | |
| (b) Lot | Block | | |
| (c) Do premises occupy all or part of build | | | |
| (d) If part of building, describe fully all pred to cover: | mises covered under this applica | ition, which floor or floo | rs, or room of rooms, license is |
| 3. Name of Event (a) List name of the event Evansville | Underground Music 20 | 024 Music Series | |
| (b) Dates of event 5/24/2024, 6/22/24, 6/29/20 | | | |
| | TO THE PERSON OF | | |
| | DECLARATION | | |
| An officer of the organization, declares under post of his/her knowledge and belief. Any per may be required to forfeit not more than \$1,00 | son who knowingly provides ma | lon provided in this appl terially false information | Ication is true and correct to the in an application for a license |
| Officer Mark + XeM (Signature / Date) | effer Evans | ville Underground | |
| Date Filed with Clerk | Date Rep | orted to Council or Boar | rd |
| Date Granted by Council | License (| No. | |
| AT-315 (R 9-10) | | | Wisconsin Doparlment of Revenue |
| | | | |



Temporary Class "B"/ "Class B" Retailer's License Application CITY OF EVANSVILLE CLERK'S OFFICE

| Application Fee: \$10.00 per Licensed Premises APPLICATION FEE WILL NOT BE R | | FUNDED IF DENIED OR W | ITHDRAWN | | | |
|--|--|------------------------|------------------------------|----------------------------|--|-------------------|
| | Number of Licens | ed Premises: _ | | x \$10.00 = \$ | Total Due | |
| Lice | nse Type: (Check one) | Beer (| Only | Wine Only | Beer & Wine | |
| Eve | nt Name: EVANSVILLE U | NDERGROU | ND OUTDOO | R SERIES 2024 | | |
| Ever | 5/24/24, 6 /29/24, 7/2 nt Date: | 0/24, 8/11/24, 9 | 0/28/24 & *10/ 5/ | 24 Event Time: 5:30 PM | - 10 PM (8/11/24 4:30-9 | PM). |
| Nam | ne of Person in Charge of Ev | ent: MARK | | & JOE KAETHER | | |
| v | | | Organiza | ation | | |
| X | Bona fide Club | | Church | | Lodge/Society | |
| | Chamber of Commerce/ | | Fair Assoc/Ag | ricultural Society | Veteran's Organia | zation |
| Orga | nization Name: | | | | | |
| Addr | ess: 104 GARFIELD AV | E. EVANSVI | LLE, WI 53536 | | | |
| Date | Organized: | If Corporati | ion, Date of Inc | orporation: | | |
| Iforg | anization is not required to hol | d a Wisconsin Se | eller's Permit Pur | suant to SS 77.54(7m), Wi | is, Stars., Check here | |
| | | Names and | addresses of all | Organization Officers: | | |
| Presid | SEE A dent/Primary Officer: | ATTACHEME | INT A | | | |
| Vice P | Mame President: | | | Address | City/State/Zip | |
| Secret | Name | | | Address | City/State/Zip | |
| Treasu | Name | | | Address | City/State/Zip | |
| | Name | | | Address | City/State/Zip | |
| Locat | ion of Premises were Beer and | d/or Wine will b | e served, consun be stare | | where Alcohol Beverage R | ecords will |
| Addre | ss/Location Description: SER | VED-23 N FI | RST STREET | STORED 477 W. I | MAIN STREET | |
| Do pre | emises occupy all or part of bu | ilding? | | | | |
| f part | of building, fully describe all p SEE ATTACHED MAP | oremises covere | d under this app | lication, which floor(s) & | room(s) licenses is to cove | r: |
| | | | | | | |
| | | | | | | |
| ind co | ation: An officer of the organiz rrect to the best of his/her kno ition for a license may be requi | iwledge and beit | ief. Any person w | ho knowingly provides m | n provided in this applicatio aterially false information i | n is true n an |
| W | culet. Johnes | | 16.24 | | NDERGROUND MUS | SIC |
| (Officer Signature/Date) | | (Nome of Organization) | | | | |



Temporary Class "B"/ "Class B" Retailer's License AFFIRMATION OF UNDERSTANDING FOR EVENT MANAGER

CITY OF EVANSVILLE CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

5/24/24, 6/29/24, 7/20/24, 8/11/24, 9/29/24 (*10/5/24)

EVENT DATE: +9/28 backup date

EVENT TIME: 5:30 pm-10 p.m. (8/11 4:30 p.m. - 9 p.m.

Mark Schnepper

NAME:

05/30/1969 DATE OF BIRTH:

ADDRESS:

477 W. Main Street

EMAIL: markschnepper@gmail.com

608-213-0797

Chapter 6 of the Evansville Code and the WI Publication 309 (Retail Alcohol Beverage Licensing Information) specifies all the laws and requirements which you are governed by and with which you are responsible for knowing and must comply with. The City Clerk's Office will provide you a copy of this ordinance and the State publication if you desire a copy. This application must be fully completed, and submitted to the City Clerk's Office at 31 S Madison St, Evansville WI 53536, with the required fees.

ATTESTATION AND ACKNOWLEDGEMENT OF RESPONSIBLE PARTY

I, the undersigned being duly sworn on oath, affirm that within the last two (2) years have been/or completed one of the following:

- Successfully completed a responsible Alcohol Servers course
- Held a Wisconsin Operator's License
- An Alcohol Agent for a Retail Alcohol License
- The Sole Proprietor of Retail Alcohol License.

I acknowledge I am the responsible party for this event and I agree to obey all the laws which regulate the activities planned for said event. I further acknowledge that I am familiar with on have asked for copies of such laws.

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Chief Recommendation and Comments:

Recommend

Non-Recommend

Recommend with conditions

Police Chief's Signature

Date Filed with Clerk:

Date License Issued:

Public Safety:

5-1-24

Clerk's Signature:

Notes & Receipt Information:

Exhibit A

Evansville Underground Music, Inc. 104 Garfield Ave. Evansville, WI 535361113

Officers:

Mark Schnepper-President Einar Floan-Vice President Event Manager-Joe Kaether Treasurer-Ry Thompson Secretary-Clay Blohm

Addresses of people in charge of event:

Mark Schnepper 477 W. Main St. Evansville, WI 53536

Einar Floan 114 S. Third Street Evansville, WI 53536

Joe Kaether 23 N. 1st Street Evansville, WI 53536

Ry Thompson 104 Garfield Ave. Evansville, WI 53536

Clay Blohm 8638 Whitmore Road Evansville, WI 53536

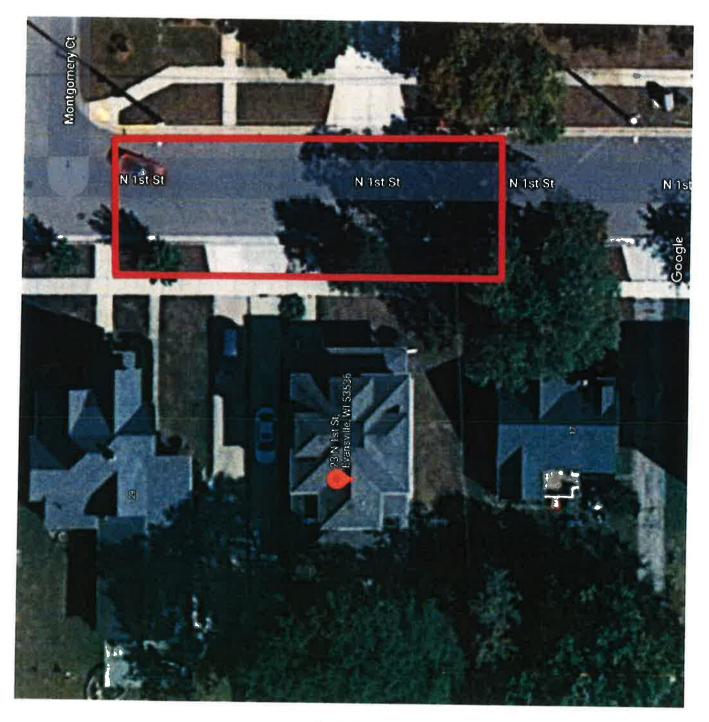


Exhibit B



APPLICATION FOR Street Closure License

(Section 106 Municipal Code)

CITY OF EVANSVILLE CLERK'S OFFICE 31 S. Madison St, PO Box 529, Evansville, WI 53536 (608) 882-2266 – Fax (608) 882-2282

| Application Fee: \$25.00 per Event | APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN | | | | |
|--|--|---|--|--|--|
| | or less) Street Closure | (The attached | rm (More than 4 hours) Street Closure Petition must be included with at least 2/3 signatures) | | |
| This permit shall license the cl | osure of a City Street for the purp full or partial closure of a | ose of business, celebra road for a set period of | tion or other event that would require the time. | | |
| Name of Organization: EVAN | SVILLE UNDERGROUNI | MUSIC | Phone: 608-213-0797 | | |
| Organization address: | | | | | |
| Responsible Person: MARK | - Sand | H. | SCHNEPPER | | |
| Home Address: 477 W. MAIN | STREET | Middle | Last | | |
| City EVANSVILLE | State: WISCONSIN | ٧ | Zip: 53536 | | |
| Phone No: | Email Address: | | | | |
| Date(s) of Event(s): 5/24/24, 6/ | | | | | |
| Hours of Operation: 5:30 PM T | | I- 9 PM). | | | |
| Location of Event: 23 N. FIRST | STREET | | H ⁴ = | | |
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| | | | | | |
| Piease | attach a copy of map, showing wh | ere you wish to have the | road blocked off. | | |
| against all claims, liability, loss, or death of any person or dam granted. As evidence of the a may require the applicant to fuemployees and agents as an aminimum limits in an amount as 30 days written notice to the ci | damage or expense asserted age to any property caused pplicant's ability to perform urnish a certificate of compressional insured. The insured required by the public safety upon cancellation, non-reference. | ed against or incurred by or resulting from the conditions of the ehensive general lice ance shall include of the committee. The enewal or material of | | | |
| Cancellation - The city, through its police department or other agents, may terminate, without prior notice, any use authorized by a street use license if the health, safety or welfare of the public appears to be endangered by activities generated by or associated with the use or if there are activities that violate any condition specified by the public safety committee when authorizing the issuance of the street use license. | | | | | |
| | *For Long Term Stre | • | | | |
| Public Hearing and/or Petition- ing the petition attached to this ing the instructions on the attac | s permit. The applicant has l | s to pay the fee for I been honest and tro | holding a public hearing; or complet- uthful to his or her best ability in follow- | | |
| | Mark H | Schreff ent Applicant | 1 4-16-24 | | |

| | FOR MUNICIPAL | ITY USE ONLY BELOW THIS LINE | | |
|---------------------------|--------------------------|------------------------------|---------------------|--------|
| | | endation and Commen | | |
| ecommend | Non-Recommend | Recomn | nend with condition | 5 |
| | A | | | |
| See E | mail | | | |
| | | | | s:Ar |
| | | | <u>.</u> | |
| | Police C | ihlef's Signature | | Date |
| | Municipal Services Recor | nmendation and Comm | nents: | |
| × | Non-Recommend | Do como | nend with condition | |
| ecommend | Non-recommend | kecomin | nena wiin condition | z effx |
| | | | | |
| D: | | *10111 - 1 | | |
| | XIV | | 4/7 | 37U |
| | Municipal Se | rvices Signature | | Date |
| | City Cie | erk's Office: | | |
| blic Safety Meeting requ | lired? Yes No | If Yes, Meetin | g Date: 5-/ | -24 |
| ite License Issued: | | | | |
| erks Notes and Receipt (i | nformation: | | | |
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Jolene Klitzman

From:

Dale Roberts

Sent:

Wednesday, April 24, 2024 6:18 AM

To:

Jolene Klitzman

Subject:

Re: EUM Street Closure

I do not have any issues with this.

From: Jolene Klitzman < j.klitzman@evansvillewi.gov>

Sent: Tuesday, April 23, 2024 12:34 PM

To: Dale Roberts < d.roberts@evansvillewi.gov>

Subject: EUM Street Closure

Please let me know if approve this closure.

Jolene Klitzman

Deputy Clerk 31 S. Madison St./PO Box 529 Evansville, WI 53536

Phone: 608-882-2266 Option 2

^{**}Please see new email j.klitzman@evansvillewi.gov**

Attached Petition

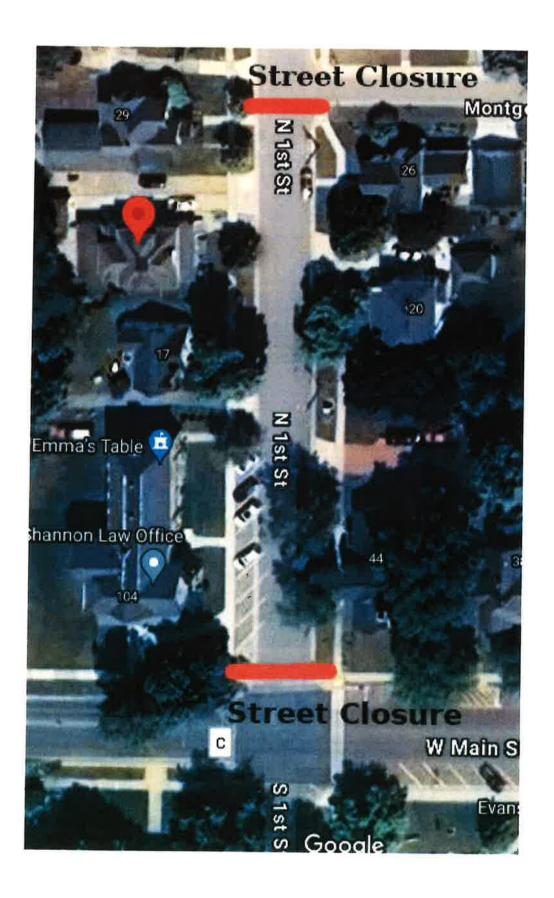
This petition contains the signature of two thirds (2/3) of at least one resident or business owner of the addresses on the portion of the street to be used as allowed under 106-163(f). No additional fee is required if completed correctly.

I petition the City of Evansville to approve this Long Term Street Use Permit for the following:

Event Location: 23 N. FIRST STREEET, EVANSVILLE, WI 53536

Event Date(s): 5/24/24, 6/29/24, 7/20/24, 8/11/24, 9/28/24, *10/5/24 (10/5 is a backup date for 9/28)

| Name | Address | \$Ignature | Date |
|--------------|---------------|--------------|---------|
| ROBERT ALLEN | 29 N. FIRST | Lynn apple | 4-11-24 |
| ROBERT ALLEN | 20 N. IGA-8+. | St. Children | 4/17/24 |
| | | 10 MVO | 1,1.1.1 |
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Evansville Police Department

Public Safety Report

• <u>Training:</u>

All staff will attend de-escalation training

Officer Delgado will attend intox training at BTC

Officer Tway is attending ARIDE training at BTC

Officers who missed vehicle contacts training last month will make that course up inhouse

Quinn will travel to Fox Valley Tech to attend two days of open records laws

Community Outreach:

Staff will participate in Civics Day at the Staff will attend Cruise Night at Creekside for First Responder appreciate night Sgt. Reilly will attend advanced patrol tactics followed by advanced patrol tactics for supervisors

Sgt. Reilly will attend the 4^{th} of July meeting EPD is currently backgrounding a student for an internship over the summer

EPD collected 191.93ibs of unwanted and unused RX meds since our last take back event. They were transported to Janesville PD to be collected with the rest of the county collection to be destroyed

Chief Reese and Lt. Jones disposed of 5 large containers of sharps collected in our drug take back box. Rock County Health Department takes them at no cost to EPD

Calls for service:

April 2023: 1346 April 2024: 904 (as of 04/29/24 at 11:17AM)

Police Commission/Staffing: Did not meet in April

Officer Delgado is in the final stages of the Police Academy

<u>Accreditation:</u>

Policy review is being conducted

Chief Reese was selected to be the lead assessor on Platteville PD's accreditation in October

Notable calls:

OWI arrest involving a juvenile with a handgun located in the backseat

Threat to the school district. Quickly determined it was a hoax and the suspect lives in Canada

Disorderly Conduct arrest and resisting arrest resulting in a use of force incident

Report of an armed subject at Lenoard Leota Park. It was determined the individuals were not armed but it did result in two juvenile referrals to Rock County for Disorderly Conduct

Admin update:

Chief Reese is getting quotes on making our public entrance door handicap accessible Chief Reese is getting quotes on a deep clean of the PD and to get the floors cleaned and waxed

Chief Reese and Lt. Jones have been working on ordinance revisions regarding tobacco use and vaping use on school property and city owned property. Stay tuned....

CAD Incidents By Type

Printed:4/29/2024 11:13:26 AM

Covering Incidents From: 04/01/2023 00:00:00 To: 04/29/2023 00:00:00

Agency: EVPD

| Incident Type Description | # of Inicdents | Incident Type Code |
|--------------------------------------|----------------|-----------------------|
| 911 ABANDONED OR HANGUP OR OPEN LINE | 60 | 911 |
| ABANDONED VEHICLE | 1 | AVR |
| ALARM | 3 | ALARM |
| ANIMAL COMPLAINT | 17 | ANM |
| ARMED SUBJECT | 1 | ARMD |
| ASSIST CITIZEN | 41 | ACIT |
| ASSIST FIRE OR EMS | 21 | FAST |
| ASSIST OTHER JURISDICTION | 23 | OJUR |
| BUSINESS CHECK | 31 | BCK |
| CIVIL DISPUTE | 1 | CD |
| CIVIL PAPER SERVICE | 13 | CPS |
| CODE ENFORCEMENT | 2 | CODE |
| DISORDERLY CONDUCT | 5 | DC |
| DISTURBANCE | 2 | DIST |
| DRUG OFFENSE | 2 | DRUG |
| ESCORT/TRANSPORT | 2 | ESCORT |
| FAMILY PROBLEM | 2 | FAM |
| FOLLOWUP | 56 | FOL |
| FOOT PATROL | 28 | FOOT |
| FRAUD/FORGERY | 2 | FRD |
| HARASSMENT | 3 | HAR |
| HAZARDOUS CONDITION | 5 | HAZC |
| HIT & RUN | 1 | HR |
| KID PROBLEM | 7 | KID |
| LOUD NOISE | 11 | LOUD |
| OPEN DOOR/WINDOW | 1 | OPEN |
| ORDINANCE VIOLATION | 5 | ORD |
| OUT WITH SUBJECT | 4 | OWS |
| OVERDOSE | 2 | POD |
| PARKING COMPLAINT | 4 | PARK |
| PROPERTY | 1 | PROPERTY |
| PUBLIC WORKS/UTILITY | 1 | PWU |
| RUNAWAY | 1 | RUN |

Page 1 of 2

This report excludes calls with the following dispostions: ATL, CAN, DUP, INFO, REPO, TEST, TOTO, TEST

| Number of CAD Complaints During Period | 904 | |
|--|-----|--------|
| WELFARE CHECK | 11 | WELF |
| VEHICLE UNLOCK | 6 | UNLK |
| VANDALISM | 1 | VAND |
| UNWANTED PERSON | 1 | NOWN |
| TRUANCY | 5 | TRU |
| TRAFFIC STOP | 56 | Т |
| TRAFFIC COMPLAINT | 6 | TC |
| TRAFFIC ACCIDENT | 1 | TA |
| THREAT | 2 | THREAT |
| THEFT | 3 | THFT |
| SUSPICIOUS | 10 | SUSP |
| STALLED VEHICLE | 2 | STALLD |
| SPECIAL ASSIGNMENT | 12 | SPAS |
| SEX OFFENSE | 1 | SEX |
| SECURITY CHECK | 381 | SECK |
| SCHOOL PATROL | 47 | SCHOOL |

City of Evansville EMS 11 W. Church St. Evansville, WI 53536 (608) 882-2269 Chief Carolyn Kleisch Public Safety Meeting May 1st, 2024

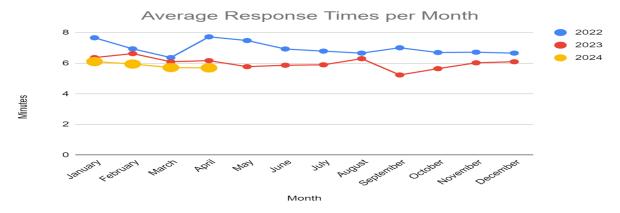
1. Calls for Service:

- a. 41 Calls during the month of April 2024 (641-3/642-38)
- b. 64 Calls during the month of April 2023. (641-37/642-27)
- c. To date call volume 2024-206
- d. To date call volume 2023- 248

Updates:

- 1- EMS training was on Trauma care and C-Spine Clearance with Mercy
- 2- 71% of the monthly schedule was covered by at least 1 AEMT on duty.
- 3- 31 of the 41 EMS responses were at the AEMT level.
 - 4- Those in AEMT class have finished class and are awaiting National Registry testing this month. (May)
- 5- Carolyn has been in contact with Zoll, Zoll's are in for upgrades. Scott helped with a temporary changeover for loaner Zolls.
- 6- Carolyn and available crew to meet with Shawn Foster from Foster Coach on May 2 to look over specs for 2026 ambulance.
- 7- EMS attended Family Fun night April 12th
- 8- EMS attended HS Career Fair on April 17th, Mercy was also there handing out flyers for their EMT-B class in the fall that is held at the school.
- 9- EMS attended the Reality Maze at High School.

| Avg Unit Notified to Enroute in Minutes | Avg Unit Enroute to Arrived at Scene in Minutes | Avg Unit Arrived on Scene to Left Scene in Minutes | Avg Unit Left Scene to Arrived at Destination in Minutes | Avg Unit Arrived at Destination to Unit Back In Service in Minutes | Number of Runs |
|--|--|--|---|---|-------------------|
| 5.70 | 3.13 | 17.97 | 26.92 | 42.05 | 41 |



| Incident Complaint Reported By Dispatch (eDispatch.01) | Number of Runs | Percent of Total Runs |
|--|----------------|-----------------------|
| Chest Pain (Non-Traumatic) | 5 | 12.20% |
| Abdominal Pain/Problems | 4 | 9.76% |
| Falls | 4 | 9.76% |
| Sick Person | 4 | 9.76% |
| Pain | 3 | 7.32% |
| Unconscious/Fainting/Near-Fainting | 3 | 7.32% |
| Breathing Problem | 2 | 4.88% |
| Cardiac dysrhythmia | 2 | 4.88% |
| Invalid Assist/Lifting Assist | 2 | 4.88% |
| Altered Mental Status | 1 | 2.44% |
| Assist Other Agency | 1 | 2.44% |
| Cardiac Arrest - Possible DOA | 1 | 2.44% |
| Chronic Illness/Medical Condition | 1 | 2.44% |
| Convulsions/Seizure | 1 | 2.44% |
| Diabetic Problem | 1 | 2.44% |
| Medical Alarm | 1 | 2.44% |
| Motor Vehicle Crash | 1 | 2.44% |
| Pregnancy/Childbirth/Miscarriage | 1 | 2.44% |
| Syncope/near-fainting | 1 | 2.44% |
| Traffic/Transportation Incident/MVA | 1 | 2.44% |
| Unresponsive | 1 | 2.44% |
| | Total: 41 | Total: 100.00% |